SUPPLEMENT
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GENERAL COUNCIL
OF
MEDICAL EDUCATION AND REGISTRATION.

SUMMER SESSION, 1914.

Tuesday, May 26th, 1914.

Sir DONALD MACALISTER, K.C.B., President, in the Chair.

THE ninety-ninth session of the General Council of Medical Education and Registration began at the offices of the Council, 299, Oxford Street, on Tuesday, May 26th, 1914, at 2 p.m.

NEW MEMBER.

Sir Lambert Hepenstal Ormsby, F.R.C.S.Irel., introduced by Sir Henry Morris, took his seat as representative of the Royal College of Surgeons in Ireland.

PRESIDENT'S ADDRESS.

The PRESIDENT then delivered his address.

Personal.

GENTLEMEN,—The severe illness, which prevented me from attending the Council and delivering my customary address last November, has enabled me to apprehend more clearly than before two facts of importance. One is that, in a time of weakness, I may count securely on your active support and sympathy; for this gratifying experience I thank you all from my heart. The other is that, when the President is away, the Council carries on its work as efficiently as ever; this experience also is most salutary—for the President.

Let me express my deep personal gratitude to the Senior Treasurer, Mr. Tomes, for undertaking the responsibilities and performing with such acceptance the duties that are incident on the Chair; to Dr. Norman Moore and the other Chairmen of Standing Committees for their readiness to lighten the Acting President's burdens, and so to lessen my own; to Dr. Norman Walker for keeping me informed of the progress of the sessional business from day to day, and for acting in many other ways as my helper in matters concerning the Council's interests; to all my colleagues for their most friendly encouragement and co-operation; and to the Registrar and his staff, without whose capable assistance I could not, during my convalescence, have carried out the various instructions conveyed to me under the resolutions of the Council. In view of all the valuable help extended to me, I venture to hope that the work of the Council will be found to have suffered no detriment from my temporary failure of health.

It falls to me to record with regret the deaths of two old and esteemed friends—Sir John Batty Tuke, who in 1912 retired after twenty-five years of office as a member of the Council; and Dr. P. H. Pye-Smith, for over six years (1901–7) one of our Treasurers. I have also to note the retirement, since I last addressed you, of Dr. Lorrain Smith, consequent on his translation to a distinguished position in the University of Edinburgh; and of Sir Arthur Chance, on the completion of his last term of able service as representative of the Royal College of Surgeons of Ireland.

On the other hand, I desire to offer a personal welcome to the new members—Dr. Elliot Smith from the University of Manchester, a former pupil of mine at Cambridge, of whose scientific eminence I am naturally proud; and Sir Lambert Ormsby, past President of the Irish College, who has already rendered assistance to the Council as one of its Examiners in Surgery. I would further take the opportunity of congratulating Sir Christopher Nixon on his admission to the Privy Council of Ireland, and of wishing him renewed health to enjoy that right honourable distinction.

New Brunswick and Newfoundland.

His Majesty in Council has issued Orders applying Part II of the Medical Act (1886) to the Province of New Brunswick in the Dominion of Canada, and to the ancient Colony of Newfoundland. In each case the Executive Committee has been satisfied that the educational and other requirements prescribed by law for the local qualification of practitioners are in accordance with the conditions desired by the Council. Under the powers given by your Standing Orders, the Committee has therefore intimated that practitioners possessing recognized qualifications granted in New Brunswick or Newfoundland, who produce the statutory evidence required under the Act, may be registered in the Colonial List of our *Medical Register*.

India.

Although Part II of the Medical Act (1886) has for many years been applied to India, no general law has yet been passed for the regulation of medical practice throughout the Indian Empire. The Council has therefore, for purposes of recognition and registration, had to deal only with the curricula and degrees of the Indian universities severally. Graduates of these universities applying for registration here have not hitherto had to show, in the terms of the Act, that they were "by law entitled to practise" in any Indian presidency or province, for it appeared that the law imposed no restriction on the practice of any one, qualified or unqualified. The Secretary of State for India has now informed the Council that legislation for the registration of medical practitioners, in terms similar to those of the Medical Acts, is now operative in the Bombay Presidency, and is contemplated in Madras and Bengal. Such legislation will doubtless be welcomed by the Council in the interest of the people of India, for it should tend to

promote medical education in that country, and so to increase the efficiency of medical practice. As the new legislation takes effect the Council will be able to co-operate with the provincial Governments, by requiring Indian graduates applying for registration in the United Kingdom to show, as the Act directs, that they are "by law entitled to practise" in the "British possession" within which their qualifications have been granted.

Japan and Corea.

The Council will remember that relations of reciprocity have also been established between this country and Japan. British qualifications are current in that empire, and the Japanese degrees corresponding to Bachelor and Doctor of Medicine qualify for admission to the Foreign List of our *Register*. We have received an official intimation that the Japanese medical laws have now been extended to the empire of Corea, and a further intimation that at present the only professional qualifications, other than Japanese, conferring a title to practise in Corea are those accepted for registration in the United Kingdom.

Mode of Election of Direct Representatives.

The bill, prepared in the Privy Council Office, for amending the existing provisions relating to the election of Direct Representatives, with a view to greater economy of labour and money, has again been presented to Parliament, this time in the House of Commons. Last year the bill passed the House of Lords, but failed to reach the Statute Book. I am given to understand that, if conditions are favourable for its consideration this year, it will receive important support from both sides of the House.

Insurance Act: Arrangements with Unqualified Persons.

Much attention was given by the Council at the end of last year to certain questions arising under the Regulations for National Health Insurance. The correspondence with the Insurance Commissioners on these questions, undertaken by the President at the instance of the Council's special Committee and of the Executive Committee, has been communicated to members of the Council and published in the current Minutes. From these it will appear that, in response to representations made on the Council's behalf, the Commissioners have issued new Regulations. These they believe will remove the misapprehensions entertained by certain local authorities as to the legal status and responsibilities of qualified medical practitioners, and the legal disabilities of unqualified practitioners, in regard to the medical treatment of insured persons. The Commissioners have further intimated to the President that, in framing their official forms and memoranda, every effort will be made to exclude phrases which might seem to afford occasion for any contravention of existing statutes bearing on the subject. There is good reason to believe that the efforts of the Commissioners have been effective in informing local authorities of their duty in relation to the "medical treatment" of insured persons desirous of making their "own arrangements." The recent conviction, for illegal practice, of a person with whom it is alleged that such "arrangements" had for a short time subsisted, will no doubt serve to impress on Insurance Committees the necessity of safeguarding the insured against "treatment" by persons who cannot administer it without breaking the law.

Canvassing and Advertising.

From time to time communications reach the Registrar vaguely alleging that medical men, sometimes described as "panel" and sometimes as "non-panel" practitioners, are disregarding the Warning Notices of the Council in respect of canvassing or advertising with the intent to attract patients, or of issuing certificates of a misleading or inaccurate character. By direction of the Executive Committee the Registrar has made it widely known that the Council takes a grave view of such practices, and has intimated its purpose to inquire judicially into the conduct of any practitioner against whom a substantiated complaint of the kind may be brought. Certain complaints of this nature will, on the advice of the Penal Cases Committee, be submitted for your judgement during the present session. But it is proper to say that a few general allegations have been sent to the office, which were unsupported by tangible evidence, or were made by persons who declined to take the responsibility of formulating any specific complaint on which even a preliminary inquiry could be based.

Certification of Deaths.

The unsatisfactory state of the law in relation to the certification of deaths has frequently been commented on by the Council; and numerous representations have been made on its behalf to successive Governments in favour of its amendment. The attention of the Executive Committee has again been directed to the subject, partly on account of communications I have had before me from coroners and others, pointing out anomalies in the methods of local registration, partly also on account of the efforts of our own Registrar to ensure that local registration authorities shall be provided with proper means of ascertaining that persons signing what purport to be valid certificates are in fact legally registered practitioners. A memorandum setting forth the relevant extracts from the Council's Minutes was prepared in the office, and forwarded to the present Registrar-General for his information. In acknowledging its receipt the Registrar-General was good enough to inform me that fresh instructions were being issued which would effect certain improvements long desired by the Council. In particular, the local registrars were to be instructed that any death for which no certificate of cause of death is produced from a registered medical practitioner must be reported to the coroner; and, further, that the expression "Medical certificate of the cause of death" means exclusively "the certificate of a registered medical practitioner who was in attendance during the last illness."

But in addition to the improvement in registration practice thus contemplated, much remains to be done for the safeguarding both of the public and of the profession, and for the procuring of trustworthy statistics of disease and death. It will probably be found that fresh legislation is necessary. The subject is still under consideration by the Executive Committee with a view to suggesting what steps the Council may properly take in regard to it.

Royal Commission on Venereal Diseases.

The Royal Commission on Venereal Diseases asked me, as President, to give evidence before it. I was questioned on such matters, within the Council's purview, as the training and testing of the medical student in respect of these diseases, the mischief of "unqualified" treatment of them, and how the mischief may be checked, the sufficiency of the existing methods of certification, especially in their bearing on the vital statistics of syphilis, etc. I thought you would deem it my duty to place at the disposal of the Royal Commission the reports, yearly tables, and the like, showing the results of qualifying examinations throughout the country, together with recent answers from officials of the examining bodies to particular questions which I sent them at the instance of the Commission. Information obtained by the efforts of the Unqualified Practice Committee was also furnished; and I understand that it has been found exceedingly useful and suggestive. On the question of death certification the Memorandum, to which I have already alluded, was of value in showing the action of the Council in this matter, before the new instructions were issued. My evidence will no doubt be published by the Commission, and you will be able to judge how far I have correctly represented the knowledge and the judgement of the Council concerning the questions that were raised.

The Indian Medical Service.

Another Royal Commission, namely, that on the Indian Services, requested me to appear in person, or to name a representative, to testify on questions relating to the medical service of India. As such questions have recently been before the Examination Committee, I asked the Chairman, Sir Charles Ball, to take my place as a witness, and he kindly consented to do so. It is probable that his Committee will present a further report on certain points that have arisen out of communications from the Government of India and the India Office on the qualifications of members of the Subordinate Medical Service.

Dental Certificates for Educational Purposes.

The Registrar, with my approval, has appeared before a Committee appointed by the Board of Education. The Committee had to consider a proposal, made by a body of unqualified persons practising dentistry, that their "certificates" of dental soundness should be recognized and accepted by the Board in the case of candidates for employment as Teachers. The Registrar supplied the Committee with official information relating to dental students, the dental curriculum and examinations, the provisions of the Dentists Act, the legal decisions bearing on dental practice, and the disabilities of unqualified practitioners. He was thanked by the Committee for the assistance he had afforded them.

The Midwives (Scotland) Bill.

The Midwives Act of 1902, under which certain duties are laid upon this Council, does not apply to Scotland. A Bill "to secure the better training of Midwives in Scotland, and to regulate their practice," has on the initiative of Lord Balfour of Burleigh passed the House of Lords, and now awaits consideration in the other House. Having in mind certain improvements on the English Act that have from time to time been desired by this Council, I ventured on your behalf to suggest to Lord Balfour at an early stage that these might advantageously be introduced into the Scottish Bill, and I believe that nearly all of them have now been incorporated. The Lord President has sent us a copy of the Bill as thus adjusted, with a request for our observations. The Executive Committee will in due course be ready to propose a convenient method of dealing with the subject.

Highlands and Islands Board.

His Majesty has been pleased to appoint Dr. McVail, Dr. Norman Walker, and myself to be members of a Board for improving the medical and nursing services in the Highlands and Islands of Scotland. The Board has only begun its work, but already it is impressed with the urgent importance of securing better training for midwives, and of legally regulating their practice, in the districts with which it is concerned.

Finance.

I have dwelt at some length on what I may call the external activities of the Council. Inasmuch as these are mainly exercised during the recess, it is proper that they should be reported to you in full session, that those who have acted on your behalf may be assured that they have rightly understood your directions. Let me now say something about more domestic matters.

The finances of the Council are in a satisfactory condition. Although the income last year rose by only £72, the expenditure fell considerably, chiefly owing to our shorter sessions. There is, therefore, a surplus on the annual account of £1,645. The net deficit accumulated during the five years 1908–1912 amounted to £1,363. At the end of 1913 we were able to pay off this deficit entirely, and to start the present year with £282 to the good. This result is highly favourable to the Branch Councils; for while in 1908 we had to draw upon their incomes to the extent of nearly 90 per cent., in 1913 the "percentage rate" was under 60. The Treasurers report that the current year also may be expected to produce a surplus, but for various reasons it is likely to be of less amount.

The "British Pharmacopoeia."

The Pharmacopoeia Committee and the Editors have been busily occupied in forwarding the preparation of the Text and Appendices of the *British Pharmacopoeia*. Before the end of the present session the Committee will be able to lay on the table of the Council a copy of the revised proof. Subject to typographical and other editorial corrections to be made in the final proof, this will represent the completed work, and the Committee hope to have it ready for issue during the summer. Following the procedure approved on the last occasion, you will probably desire to delegate to the Executive Committee, at its regular meeting in July, the duty of formally adopting the *British Pharmacopoeia, 1914*, and of arranging with the Treasury as to cost and price, indicating the conditions under which copies may be made accessible to the public, and advertising the date of official publication in the *Gazettes*. I may be allowed here, as Chairman of the Pharmacopoeia Committee, to express publicly our deep obligations to the Editors, Professor Tirard and Professor Greenish, for their skilful and devoted labours, and to the several Committees of Reference who have aided us in manifold ways to attempt a work worthy to take its place as the official dispensatory of the British Empire.

The Registers.

Turning to other official publications, I would call your special attention to the new and much improved form in which the *Medical Register*, the *Dentists Register*, and the *Students Register* are now produced. Thanks to the ingenuity of the Registrar, and the skill of the Council's publishers and printers, all of these works are now handsomer in appearance, lighter to handle, and easier of reference than ever before; and yet I believe that in a year or so, when the cost of entire resetting is paid off, it will be found that the improvement is accompanied by a considerable economy in the cost of production and publication. The Registrar's constant endeavours to this end deserve to be warmly acknowledged by the Council.

Inspection of Qualifying Examinations.

I have suggested to the Chairmen of the Education and Examination Committees that it may be well to consider the question of beginning, at an early date, another cycle of Inspection of Qualifying Examinations. Since the Reports on the last cycle were considered, a number of new Licensing Bodies have been created by Parliament, and are now fully organized for the work of professional education and examination. It would appear desirable that the Council should possess detailed information, derived from actual inspection, concerning their methods and standards. Such information may at any time be required of us for the use of Government and other official authorities, and it behoves us to procure it in the ways that the law directs us to follow. My own opinion is that in view of recent changes affecting the profession of medicine, and of the prospective demands upon professional knowledge, skill, and practical efficiency, a general inquiry extending to all the Bodies, and carried out by Inspectors appointed under our Standing Orders, would be timely and useful. But on that head it rests with the two Committees, acting jointly, to offer you considered advice.

My address is already unduly prolonged, and I refrain from referring to other matters appearing in the Programme. For the most part they speak for themselves; the rest will be spoken to by members who are abler than I am to deal with them fitly.

VOTE OF THANKS.

A vote of thanks, moved by Dr. JAMES LITTLE, who congratulated Sir Donald MacAlister on his restoration to health, and seconded by Mr. R. J. PYE-SMITH, was carried by acclamation. The PRESIDENT expressed his thanks for the sympathetic manner in which the motion had been received.

SERVICE EXAMINATIONS.

The yearly tables relating to examinations having been referred to the Examination Committee for its consideration, the Council received and directed to be acknowledged with thanks three returns relating to competitions for admission to the medical department of the Royal Navy, the Indian Medical Service, and the Royal Army Medical Corps, which had taken place since its meeting in December.

For admission to the Navy, only 24 candidates presented themselves for 25 commissions, and of these 17 failed to obtain the qualifying number of marks. The first place was taken by a holder of the English Conjoint diploma, the second by a holder of the same diploma coupled with a degree of the University of London, the third by a holder of the English Conjoint diploma; the fourth and fifth places were taken by a graduate of the University of Glasgow and a holder of the English Conjoint diploma, the number of marks obtained being equal. Of the 7 rejected candidates, 3 held the Irish Conjoint diploma, 1 the English Conjoint diploma, 2 a degree from the University of Edinburgh, and 1 a degree from the University of Dublin.

For admission to the Royal Army Medical Corps there were 34 candidates for 12 vacancies, and all proved qualified but only 12 received commissions. The first place was taken by a graduate of the University of Oxford, the second by a graduate of the University of Edinburgh, the third by a holder of the English Conjoint diploma, the fourth by a graduate of the University of Edinburgh, and the fifth by a graduate of the University of Dublin.

For admission to the Indian Medical Service there were only 22 candidates for 20 vacancies, but all proved duly qualified. The first place was taken by a graduate of the National University of Ireland, the second by a graduate of the University of Edinburgh, the third by a graduate of the University of London, the fourth by a graduate of the University of Edinburgh, and the fifth by a holder of the English Conjoint diploma. Of the other successful candidates, 5 held degrees or licences of Indian origin, these in 3 cases being combined with the English Conjoint diploma.

COMMITTEES.

The following committees were elected:

Business Committee.—Dr. Norman Moore (Chairman), the President, Sir Henry Morris, Sir Christopher Nixon, Dr. Norman Walker.

Pharmacopoeia Committee.—The President (Chairman), Dr. Norman Moore, Sir George Philipson, Sir Thomas Fraser, Dr. Cash, Dr. Caton, Dr. Barrs, Sir John Moore, Sir William Whitla.

Finance Committee.—Mr. Tomes (Chairman), the President, Sir Henry Morris, Mr. Hodsdon, Dr. Little.

Dental Committee.—The President (Chairman), Sir Henry Morris, Mr. Tomes, Mr. Hodsdon, Sir Charles Ball.

Dental Education and Examination Committee.—Mr. Tomes (Chairman), the President, Sir Henry Morris, Mr. Hodsdon, Dr. Knox, Sir Charles Ball, Sir William Whitla.

Students' Registration Committee.—Dr. Norman Moore (Chairman), the President, Dr. Langley Browne, Dr. Mackay, Dr. Norman Walker, Dr. Adye-Curran, Sir Christopher Nixon.

Penal Cases Committee.—Dr. Saundby, Dr. Norman Walker, Mr. Tomes, Sir Christopher Nixon.

Executive Committee.—Dr. Norman Moore, Sir Henry Morris, Mr. Tomes, Dr. Langley Browne, Mr. Hodsdon, Dr. Norman Walker, Sir John Moore, Sir Charles Ball.

Mode of Appointment of Examiners.

Sir CHARLES BALL (Chairman of the Examination Committee) moved:

That the powers vested in the General Medical Council by Section 5 of the Medical Act, 1886, of appointing from time to time examiners to assist at the qualifying examination held by a medical corporation for the purpose of granting its diploma, conferring the right of registration under the Medical Acts, be delegated under Section 6 of the Medical Act, 1858, to the Branch Council for the part of the United Kingdom in which such medical corporation is domiciled.

Sir Charles Ball said that the Committee considered that the election of assistant examiners should be made by the Branch Councils, which would know the institution requiring an assistant examiner. The representative of the body concerned would be a member of the Branch Council, and as the proceedings of that Council were held *in camera*, there would be every opportunity for discussion. The members of the Branch Council would have the guarantee that the name of a proposed assistant examiner was put forward in such a way that it would be possible to criticize his merits, and so the General Council would be assured that the responsibility in the matter would be efficiently discharged. He could assure the Apothecaries' Society of London that the gentlemen hitherto proposed as assistant examiners had always been worthy of the complete confidence of the Council, and if in future the same class of men were nominated their election would go through as a matter of course, but it was felt that the Council's responsibility in the matter would be more efficiently safeguarded if it were known that there had been an opportunity of criticism.

Mr. WILKS, on behalf of the Apothecaries' Society of London, one of the licensing corporations more immediately affected by the resolution, informed the Council that that Society was not only always most anxious not to obstruct but to assist the Council in its efforts on behalf of medical education. He was instructed unreservedly to second the resolution.

The PRESIDENT observed that last year the Council conferred upon him a somewhat difficult duty in this matter. He recognized at the time that that course was taken merely for the sake of convenience, and he was glad that a general resolution of this kind should take the place of and supersede that duty, and that the Council should delegate the responsibility to another body.

The resolution was agreed to unanimously.

RECOGNITION OF DIPLOMAS.

On the recommendation of the Executive Committee the Council resolved to recognize for registration on the Colonial List of the *Medical Register* the licence of the Medical Board of Newfoundland, and the licence of the Council of Physicians and Surgeons of the Province of New Brunswick, and to add the Master of Surgery of the Punjab University to those granted by that university to which recognition had previously been accorded.

FINANCE COMMITTEE.

Mr. TOMES moved, Sir HENRY MORRIS seconded, and it was agreed:

That the Report of the Finance Committee on Income and Expenditure for the year 1913 be received and entered on the Minutes.

The Council then went into *camera*, and afterwards adjourned at 4 p.m. to enable certain Committees to meet for the completion of their reports.

LOCAL MEDICAL AND PANEL COMMITTEES.

LONDON.

PANEL COMMITTEE.

THE Panel Committee for London has opened its meetings to representatives of the medical press, and the first meeting under these conditions was held on May 26th, when a heavy agenda was considered.

Local Medical and Panel Committees.—The Committee passed a resolution that in the interests of the profession the personnel of the Panel and Local Medical Committees should be identical, and in the discussion the view was taken that although the advantages of this to panel practitioners were not immediately apparent, the Panel Committee would be strengthened by having upon it representatives of every professional interest and not those of panel practitioners only.

Deputies for Practitioners.—The Committee agreed to provide deputies, if requested, for panel practitioners during temporary absence, and it was stated that the proposal met with the approval of the medical and transfer agencies.

Checking Acceptances.—Article 42 (2) of the Regulations for 1912, requiring the Insurance Committee to submit all accounts of medical practitioners to a committee appointed by doctors on the panel, has not been observed in London up to the present. The Panel Committee passed a resolution asking that the accounts might be submitted, not so much for the purpose of checking as for allowing the number of acceptances to be checked. As there have been differences on this point between the Insurance Committee and practitioners, the Panel Committee also expressed the view that a receipt should be sent by return of post for all medical cards sent to the Insurance Committee's office.

Prescriptions in the Form "Rep. Mist."—A discussion took place on a proposal that the prescription of drugs and appliances in the form "rep. mist." should be discouraged. The suggestion was the outcome of a conference with the Pharmaceutical Committee. Sharply divergent views were expressed as to whether "rep. mist." was a necessary expedient to a busy practitioner, and the possibilities of prescribing drugs by numbers based on a standard codex, or of introducing the German prescription book retained by the patient, were mentioned. Ultimately the matter was referred back to the Pharmacy Subcommittee for further consideration.

The Drug Fund.—The Committee expressed the opinion, by a large majority, that proprietary drugs and preparations should not be supplied at the cost of the drug fund; that practitioners should have liberty to obtain serums and vaccines—including autogenous vaccines—themselves or through a chemist, in each case at the cost of the drug fund; that the practitioner rather than the chemist should provide tuberculin; and that the list of prescribed appliances required extension as soon as funds would permit.

Period of Office of the Committee.—A letter, dated May 26th, was received from the Insurance Commissioners refusing a request that the period of office of the Panel Committee might be for three years instead of one. It was decided to urge upon the Commissioners that, owing to the size of the area and on grounds of expense, a three-year period would be preferable.

The Budget Proposals.—The Panel Service Subcommittee presented a series of resolutions intended to

crystallize the professional view of the proposals in the Budget to provide money to aid the establishment of laboratories, the provision of skilled nursing, the employment of referees, and the establishment of centres for the co-operation of practitioners on the panel. The Panel Committee agreed that the character of the assistance that would be most beneficial to the practitioner and the insured person would be on the following lines:

Medical Referees.

1. That the services of medical referees should be available to practitioners on the panel without fee for the examination of insured persons whose fitness or otherwise for work is in question.
2. That it is most undesirable to combine the duties of medical referee with the ordinary duties of a consultant advising a practitioner as to the diagnosis and treatment of special and difficult cases; and that it should be a condition attaching to the appointment of medical referee that the candidate should have had long experience of general practice.
3. That the medical referees should be appointed by the Insurance Commissioners, and should consist partly of whole-time officers, whose duties would include the general organization of the examination of insured persons by medical referees, and partly of part-time officers.
4. That a part-time medical referee who is engaged in general practice should not examine insured persons resident in the area in which he practises.
5. That an insured person who is dissatisfied with the opinion of his panel practitioner as to his fitness or otherwise for work should, under certain conditions, have the right of access to the medical referee through the Insurance Committee.
6. That an insured person should be examined by a medical referee only in co-operation with the practitioner responsible for the case, and that the examination should, where possible, take place at the practitioner's surgery.

The Committee decided not to deal with the question of the remuneration of referees, and rejected an amendment that women doctors should be available as referees in the case of insured women who desired them.

Provision of Nursing.

On the question of nursing, the Committee passed the following resolutions:

1 That the services of skilled nurses should be available to the practitioner on the panel without fee for the nursing of insured persons for whom such attendance is necessary.

2 That it is desirable that the present voluntary nursing agencies and societies should be aided under suitable safeguards, rather than that nurses should be appointed by the State, the local authorities, the insurance committees, or by approved societies, and that it should be a condition attaching to the receipt of a grant that provision shall be made for increases in the salaries of nurses, and for pensions on retirement.

Provision of Laboratories.

On the question of laboratories the following resolutions were passed:

1. That there should be available to the practitioner on the panel without fee the assistance of a laboratory for chemical, pathological, and bacteriological examinations.
2. That it is most undesirable that the proposed Government grants to local authorities in aid of pathological laboratories should result in the provision in London of a large number of small laboratories, and that in London the London County Council should be the administering authority.
3. That it should be a condition attaching to the receipt by a London laboratory of a grant in aid that the laboratory should be fully staffed with specialists in the different branches of the sciences represented and well equipped with modern scientific apparatus; and that the grant should be confined to existing institutions until such time as it is found that the existing provision in this direction is inadequate.
4. That the assistance of the laboratory should be available to a practitioner in connexion with an uninsured person upon a certificate that that person is unable to pay the necessary fees.
5. That the Panel Committee are of opinion: (1) That it is desirable that steps should be taken to secure that, by a closer co-operation between practitioners on the panel and the institutions concerned, the benefits of consultative advice, specialized treatment, and skilled surgery are made fully available to the practitioner on the panel and to the insured person. (2) That additional hospital accommodation is required, especially for female patients.
6. That the action of the Panel Service Subcommittee in appointing a deputation consisting of the Chairman and Treasurer of the Committee, and Drs. Mills, Cardale, and Welply to place before the Government the views set out in the foregoing resolutions be approved.

Dr. WELPLY brought forward a detailed proposal for the organization of practitioners' centres, which after debate was referred to a subcommittee. It was felt that the subject was too new for definite opinions to be expressed, and that there was some danger lest the reception of insured persons at special centres might be misunderstood by the public as a policy of distinguishing between insured and private patients.

It was stated that Mr. Lloyd George had expressed his willingness to receive the deputation in place of the President of the Local Government Board.

ROXBURGHSHIRE.

PANEL COMMITTEE.

A MEETING of the Panel Committee of Roxburghshire was held in the Railway Hotel, St. Boswells, on May 12th. Dr. CULLEN was in the chair, seven other members and the Clerk being present.

Model Scheme for the Treatment of Tuberculosis.—The meeting had before it the model scheme for the treatment of tuberculosis (SUPPLEMENT, April 4th), but did not consider that it could take any useful action upon it at present.

Co-ordination of Local Medical and Panel Committees.—A letter from the Local Medical and Panel Committees for the Burgh of Leicester, urging upon all Committees to insist upon the new organization of Local Medical and Panel Committees being registered as a trades union, was allowed to lie on the table.

Mileage Fund Account for 1913.—The following letter, dated April 18th, was read from the County Insurance Committee:

Dear Sir,—I have to inform you that my Committee have a balance of £96 standing at the credit of the mileage fund account for 1913, and the Insurance Commissioners suggest that my Committee might consult the Panel Committee as to the detailed allocation of this balance. I shall be glad to have your views in the matter. The Commissioners state that no further mileage grant will be paid in respect of 1913 for any cause whatsoever, and that therefore each Insurance Committee should see that all possible claims of the area are exhausted. The Commissioners further state that the payments of the grant in respect of 1913 in no way commit the Commissioners to the same scheme or amounts of grant next year.—I am, yours faithfully,

(Signed) A. DOUGLAS HADDON, Clerk.

From a letter received from a practitioner and the observations of members present, it appeared that in some cases the Insurance Committee had paid a proportion of the grant in respect of the mountainous districts and bad road. The Clerk was instructed to inquire of the County Insurance Committee on what grounds certain practitioners had already received a grant towards mileage, while others who were equally, if not more, entitled to such a grant had not received payment. Further consideration as to the allocation of the credit balance of £96 was deferred until some enlightenment on the subject referred to was obtained.

Emergency Drugs and Appliances.—The Subcommittee appointed at the last meeting submitted a list of emergency drugs and appliances, which it had drawn up along with the representatives from the Pharmaceutical Committee, and the list was gone over in detail by the meeting. The list as amended was approved by the meeting, and the Clerk was instructed to send a copy of it to the County Insurance Committee.

Proposed Increase of Charges in Drug Tariff and Dispensing Fees to Chemists.—The circular letter from the Insurance Commissioners with regard to the revision of the drug tariff printed in the SUPPLEMENT to the JOURNAL of May 23rd was read, together with a letter from the Pharmaceutical Standing Committee in Scotland, pointing out that the schedule of revised prices contained many errors. The CLERK submitted the following statement of the position of the medical fund in Roxburghshire in 1913.

Amount of fund, £6,664.
Divided into:

Practitioners' fund ($\frac{13}{17}$)	£5,096
Drug fund ($\frac{4}{17}$)	£1,568
	£6,664

Practitioners' Fund.

From the Practitioners' Fund the doctors were paid in respect of attendance and treatment	£5,678
Showing an overpayment of	582

The discrepancy arose owing to their being about 1,500 more index slips than contribution cards. The explanation had been put forward that when medical benefit came into force societies in their anxiety to secure as many insured persons as possible had submitted several applications for the same person.

Drug Fund.

From the Drug Fund there was paid to chemists and dispensing doctors ...	£1,150
Leaving a credit balance of	418
The "floating sixpence" from this fund absorbs	392
Leaving at the credit of the fund for the year	26

This sum would be paid to the chemists proportionately to make up the 1s. 6d. per insured person which they are entitled to.

As to the £392 representing the "floating sixpence" from the Drug Fund, to which the panel practitioners were entitled, instructions had been given by the Commissioners to retain this sum against the overpayment of £582 above mentioned.

In connexion with the proposal to increase the dispensing fee to chemists, or to increase the charges allowed under the drug tariff, it was noted that there was a credit balance for the year 1913 of £26 only in the Drug Fund after paying chemists and dispensing doctors. For the first quarter of 1914 the amount paid for drugs and dispensing showed an increase of £153 as compared with the same quarter for 1913. It might therefore be safely assumed that the "floating sixpence" would be encroached upon for drugs and dispensing during the present year, and that without any increase either in dispensing fees or the charges in the drug tariff.

In view of the position of the Medical Fund and the likelihood of the "floating sixpence" being encroached upon for 1914, the meeting considered that panel practitioners could not afford to agree to the proposal either to increase the charges in the drug tariff or the dispensing fees, and the Clerk was instructed to reply accordingly, and to write to the Secretary of the Pharmaceutical Committee, intimating that the panel practitioners sympathized with the position of the chemists in asking for an increase of the tariff and dispensing fees, but considered that provision from some other funds should be made by the Commissioners for meeting such increased charges. The Clerk was also instructed to communicate with all panel practitioners in the county, pointing out that care should be taken in prescribing this year, owing to the Drug Fund having been entirely used up for 1913, and circumstances at present pointing to an increase in the supply of drugs for this year.

Medical Referees.—The meeting considered the circular from the British Medical Association on the subject of the appointment of referees, and approved the opinion expressed therein, that medical referees should be whole-time officers and practitioners of not less than ten years' standing, and that the appointment should be pensionable, with a salary of not less than £750 per annum. The Clerk was also instructed to communicate to the panel practitioners the opinion of the meeting that in the event of any practitioner being called upon to act as a referee in any particular case he should not accept a fee of less than 10s. 6d., and mileage in addition.

Conference with Pharmaceutical Society.—The reference in the same circular to the proposed joint conference between the British Medical Association and the Pharmaceutical Society with reference to the drug tariff for next year was referred to the Subcommitee, consisting of Drs. Dixon and Fleming, appointed in connexion with the preparation of the list of emergency drugs and appliances.

INSURANCE ACT COMMITTEE.

THE fifteenth meeting of the Insurance Act Committee was held at the office of the Association on Thursday, May 21st. Mr. T. JENNER VERRALL was in the chair, and the other members present were:—*England and Wales:* Dr. Mina L. Dobbie (London), Dr. E. R. Fothergill (Brighton), Dr. Major Greenwood (London), Dr. I. W. Johnson (Bury), Dr. Herbert Jones (Hereford), Dr. C. H. Milburn (Hull), Mr. E. C. Montgomery-Smith (London), Dr. G. K. Smiley (Derby), Mr. D. F. Todd (Sunderland), Dr. W. B. Crawford Treasure (Cardiff), Mr. E. B. Turner (London). *Scotland:* Dr. R. McKenzie Johnston (Edinburgh).

RETURNED MEDICAL CARDS.

A communication having been read concerning the question of payments to insurance practitioners for those insured persons on their lists whose medical cards had been returned to the Insurance Committee marked "No trace," it was resolved to advise the Council to make the following recommendations to the Representative Body:

(*a*) That it is no part of the duty of a panel practitioner to correct and keep up to date the list of addresses of insured persons.

(*b*) That, in view of the instruction of the various Insurance Commissioners to Insurance Committees that when the medical card system is in full operation a practitioner would be entitled, on giving treatment, to require insured persons on his list to present their medical cards should such a course appear necessary, a medical practitioner should be entitled to charge private fees to those insured persons demanding treatment of him but who fail to produce their medical card.

CONSIDERATION BY INSURANCE COMMITTEES OF REPORTS OF MEDICAL SERVICE SUBCOMMITTEES.

In connexion with two inquiries concerning the procedure adopted by Insurance Committees with respect to the reception and consideration of the reports of the Medical Service Subcommittee, the Insurance Act Committee had before it the following letter addressed by the Insurance Commissioners (England) to the Leicester Local Medical Committee:

National Health Insurance Commission (England),
Buckingham Gate, London, S.W.,
April 9th, 1914.

Sir,—In reply to your letter of the 3rd April, I am directed by the National Health Insurance Commission (England) to state that where any question has been referred by the Insurance Committee to the Medical Service Subcommittee in accordance with Article 45 (i) of the National Health Insurance (Medical Benefit) Regulations (England), 1913, the Insurance Committee are required to accept as conclusive any finding of fact contained in the report of the Medical Service Subcommittee to the Insurance Committee.

It is, therefore, not open to the Committee, on receiving the report of the Subcommittee, to question any finding of fact contained in the report or to re-hear the evidence upon which the Medical Service Subcommittee have based the findings of fact contained in their report.

With reference to your further inquiry, I am to state that since it is possible that the printed reports of the Insurance Committee might fall into the hands of persons for whom they are not intended, minutes or written reports relating to complaints made by insured persons against practitioners upon the panel, or conversely, should be so worded as not to disclose the names of the persons affected.

The Commissioners are of opinion that this object might be met by the reference to the persons concerned as "the patient" and "the doctor," or in some similar manner which will secure that identification is impossible. If this course is adopted members of the Committee and Medical Service Subcommittee only will be aware of the identity of the persons. Issues of grave importance to the parties concerned may, of course, be under consideration, and, whatever may be the decision of the Committee, the mere fact that a doctor is publicly known to have been implicated in such questions may seriously prejudice him in his profession. In cases where the complaint is ill-founded, or where for any other reason the Committee propose to take no action, it would also be undesirable that the names should be disclosed, and in all the circumstances the Commissioners are of opinion that some such procedure as that indicated should be generally adopted.—I am, Sir, your obedient servant,

(Signed) S. P. VIVIAN.

The Committee resolved to recommend to Local Medical and Panel Committees that it be suggested that Insurance Committees should be urged to adopt, on the reconsideration of their Standing Orders in July next, a suitable Standing Order which should carry out the intention of the Medical Benefit Regulations, that no discussion be allowed on findings of fact of a Medical Service Subcommittee's Report, and that no mention be made of the names of the parties concerned therein. It was also thought expedient to point out that this action should be taken in every insurance area, whether or not such question has arisen in that particular area.

INSPECTION OF PATIENTS BY LAY REPRESENTATIVES.

An incident was brought to the notice of the Committee in which there had been interference with medical treatment by a lay official of an approved society, and after discussion the Insurance Act Committee resolved to address a communication to the Joint Committee of Insurance Commissioners, stating that cases had arisen in which lay officials of approved societies, under cloak of the rules adopted by the society under its powers of

Section 14 (2) of the 1911 Act for the purpose of deciding whether or not sick benefit be paid to an insured person, had actively interfered with the treatment of the medical practitioner concerned; and that the Association desired the Commissioners to exercise their jurisdiction to secure that rules submitted for their approval by approved societies under Section 14 (2) for the purpose of providing proof of disease or disablement, should make it quite clear that all investigation for the purpose of questioning the validity of a practitioner's certificate should be made by a medical practitioner and not by a layman.

MALINGERING.

The Committee discussed a proposal which it was informed had been made in a locality for co-operation between the practitioners on the panel and the local approved societies to prevent malingering. The Committee considered that the proposal was not the best that could be made, but decided to defer expressing an opinion as to what method should be adopted pending the expected early issue of the Report of the Departmental Committee on Excessive Sickness Benefit Claims, which will in all probability make suggestions for dealing with such difficulties.

EXPENSES OF ELECTION OF LOCAL MEDICAL COMMITTEE.

In connexion with the minute of the Committee of November 6th, 1913, expressing its willingness to pay out of the Central Insurance Defence Fund the reasonable expenses incurred for organizing a Local Medical Committee for the County of London, an application was received from the Treasurer of the Metropolitan Counties Branch of the British Medical Association for the amount incurred in the election of such a Committee. The accounts were passed for payment.

APPROVED SOCIETIES MAKING FRIVOLOUS COMPLAINTS.

It was reported that, in accordance with the decision of the Committee at its meeting on March 19th, a communication had been addressed to the Insurance Commissioners urging that all persons or bodies making what were proved to be frivolous complaints should be subject to fine in the same manner as insured persons. The reply received from the English Commissioners was that they were of opinion that, in view of the terms of Section 14 of the 1911 Act, it would not appear to be open to the Commissioners to amend the Regulations relating to the administration of medical benefit in the manner desired.

DRUG TARIFF.

The following were appointed a Subcommittee to confer with the Pharmaceutical Society with regard to the revision of the drug tariff and collateral matters: Drs. E. R. Fothergill (Brighton), I. W. Johnson (Bury), A. E. Larking (Buckingham), Edmund Barker (Hull), A. S. J. Pearse (Cardiff), A. C. Farquharson (Spennymoor), and B. A. Richmond (London).

MEDICAL PRACTITIONER AS CLERK AND MEDICAL REFEREE.

In reply to an inquiry, the Committee expressed the opinion that it was undesirable that a medical practitioner acting as Clerk to an Insurance Committee should also simultaneously act as medical referee under the Insurance Act for the area.

STATEMENT OF NATURE OF DISEASE UPON SICKNESS BENEFIT CERTIFICATES.

The Committee resumed consideration of Minute 207 of the Annual Representative Meeting, 1913, stating that the nature of the illness should not be inserted on any certificate issued for the purpose of sickness benefit. The Committee also had before it a report of information received as to the views of practitioners in various areas concerning the matter, together with a report of the conference held on January 30th, 1914, between the Scottish Committee of the British Medical Association and the Scottish Commissioners (SUPPLEMENT, May 2nd, 1914, p. 322). It was decided to repeat its recommendation to the Council as follows:

> That in view of the altered position with regard to the statement of the nature of disease upon certificates brought about by the issue by the Insurance Commissioners of model forms of certificates, and of the apparent indifference of the majority of the profession upon this question, the above Minute 207 of the Annual Representative Meeting, 1913, be rescinded.

COMPENSATION CASES.

Two applications for compensation from the Central Insurance Defence Fund were considered, but the Committee were unable to recommend a grant in either case.

INSURANCE COMMITTEES.

LONDON.

Distribution of Unallotted Funds.

As reported in the JOURNAL of May 2nd, p. 990, the London Insurance Committee at its last meeting instructed a Special Subcommittee to prepare at once a scheme for the distribution of the moneys accumulated in the Panel Fund in respect of insured persons who had not chosen a doctor during 1913, the period prior to the issue by the Commissioners of Regulations dealing with the allocation of moneys so accumulated. The Special Subcommittee reported on May 28th that a scheme for distribution was not necessary, because the matter was covered by Article 40 (3) of the Medical Benefit Regulations, 1912. Under this article each practitioner would be paid an amount bearing the same proportion to the sums credited to him as the aggregate amounts credited to all practitioners bore to the amount in the Panel Fund.

An official of the Insurance Committee courteously explained to a representative of the BRITISH MEDICAL JOURNAL the method that will be adopted in dealing with the £95,000 or so that has accumulated for 1913. That sum itself will not be separately distributed, but it will be included in the total sum in the Medical Benefit Fund for London for 1913, namely, about £490,000 (including £28,436 for domiciliary treatment). A distribution of the £490,000 will be made on paper to practitioners on the panel, on the basis of the number of persons on their lists; the sums they have already received will be deducted, and they will receive cheques for the balance. The position has been misunderstood in several of the daily papers; £490,000 is not to be immediately distributed—practitioners have already received the greater part of this sum in their quarterly cheques during 1913.

The Insurance Committee on May 28th debated the desirability of the proposed method, but the matter was referred back once more.

SALFORD.

Alleged Over-prescribing.

At a meeting of the Salford Insurance Committee held on May 21st the question of over-prescribing by certain of the panel doctors came up for consideration. The Pharmaceutical Committee had complained that the chemists had only been paid about 66 per cent. of their accounts for the year 1913, and had stated its opinion that part of the deficit was due to over-prescribing by panel doctors. The Commissioners had accordingly suggested that the Pharmaceutical Committee should put into operation Section 46 of the Regulations of last year. This was done, and the Panel Committee, after considering all the cases where over-prescribing was alleged, reported that it saw no reason for surcharging any of the doctors named. This report was referred to the Medical Benefit Subcommittee, and a counter-report was issued by the Pharmaceutical Committee. The Medical Benefit Subcommittee was unable to arrive at any decision between the two rival reports, and recommended that the Insurance Committee should refer the whole question to the Commissioners. At the meeting of the Insurance Committee several representatives of approved societies expressed a fear that the system now in vogue in Salford might have the effect of inducing the panel doctors to cut down their prescribing to an undesirable and even dangerous extent. Briefly it may be explained that for the purposes of calculation the full sum of 9s. per insured person is credited to the panel fund, and the doctors are then credited with amounts for visits and attendances actually made at this rate of 9s., but, as this includes the 1s. 6d. which properly belongs to the drug fund and the floating 6d., the doctors are then debited, each with the tariff value of the prescriptions

given by him, provided that on the average of the whole area at least 1s. 6d., but not over 2s., per insured person must go to the chemists. The idea in this arrangement is to impress each practitioner with the fact that he is personally responsible for the cost of his own prescriptions.

Dr. GARRARD, who is Chairman of the Panel Committee, said that in his opinion the amount provided for drugs and appliances was not sufficient, at any rate on the present tariff rates, which in many cases were too high.

Dr. TAYLOR said he was convinced that fully 90 per cent. of the doctors in the past year had prescribed reasonably, but the amount of sickness among the large number of women workers was so great that even the doctors, who had beyond all doubt exercised care in prescribing, found themselves unduly restricted, and he thought the new system made no difference to them whatever. But in a small number of cases there had been such an enormous drop in the prescriptions given since the new system came into force in January that there was no escaping the conclusion that either there had been over-prescribing in 1913 or there was under-prescribing at present, and in some cases probably both; he believed that in the interests of insured persons a proper inquiry by an independent authority was essential.

On the motion of Dr. GARRARD, seconded by Dr. TAYLOR, and supported by Mr. GILL, who is Chairman of the Pharmaceutical Committee, the Insurance Committee unanimously decided to refer the matter of over-prescribing to the Commissioners, and to request them to send representatives to Salford to hold an inquiry on the spot, when evidence from all parties interested could be given.

Sanatorium Treatment.

Mrs. GARRETT complained that a large number of persons who applied for sanatorium benefit were unable to obtain treatment in a sanatorium, and suggested that temporary provision should be made to obtain more beds pending the completion of the sanatorium which is to be erected by the corporation at Marple.

Dr. TAYLOR thought there was an exaggerated idea as to the real efficacy of sanatorium treatment. It was unfortunately the fact that no small proportion of the cases that appeared to receive benefit in sanatoriums quickly relapsed when they had to return to their miserable homes in the slums. There was a real danger of employers of labour refusing to engage persons who had been in a sanatorium, and they often returned home to find themselves out of situation and unable to find fresh suitable work. He had no fault to find with the treatment in the sanatoriums, and believed that the best possible care was being given to the patient in the Drinkwater Park Hospital, which was a sanatorium in everything but the name. But with existing social conditions, treatment in a sanatorium without the most vigorous and effective after-care was often a waste of money which could far better be used in providing better homes, proper homes, proper food, and suitable employment. A large proportion of the cases that applied for sanatorium benefit were, in the opinion of the tuberculosis officer, totally unfitted for treatment in a sanatorium, and could just as well or better be treated at the tuberculosis dispensary or at home. The problem of tuberculosis was not to be solved by bundling every case into a sanatorium, valuable as such treatment might be in suitable cases.

The CHAIRMAN pointed out that the Health Committee was not dependent on the Crossley Sanatorium, but had recently added sixteen beds to the Drinkwater Park Hospital, which in every sense of the word was a sanatorium for phthisis. He knew of no cases in Salford which had failed to receive sanatorium treatment when regarded by the medical officers as requiring it. The matter was then allowed to drop.

Nursing.

On the motion of Dr. TAYLOR the following resolution was carried unanimously:

> That this Committee, being of opinion that there is urgent need in the interests of insured persons for extended nursing facilities, requests the Insurance Commissioners to state as early as possible what funds are available to the Committee under Section 21 of the Insurance Act or otherwise, for subscriptions by the Committee to existing nursing institutions, or otherwise, for the provision of nurses to assist the panel practitioners in the treatment of the insured.

WEST HARTLEPOOL.

The Limitation of Doctors' Lists.

AT the monthly meeting of the West Hartlepool Insurance Committee it was proposed that it be recommended to the medical profession that the number of insured persons upon any doctor's list (dual or otherwise) should not exceed 1,500; and that the Medical Service Subcommittee consider the desirability of reducing the number of insured persons on lists exceeding 1,500 to that number. Those who supported the proposal urged that if an epidemic broke out doctors with large lists would be in serious difficulties. Although the curtailment would interfere with the free choice of doctor, it was suggested that equality of distribution was a greater advantage. The mover regretted that the Committee had not published the numbers on each doctor's list so that insured persons would be able to choose those from whom they would be likely to receive the best attention.

On the other hand, it was pointed out that the matter was entirely out of the control of the Committee, and, further, that in West Hartlepool the highest number of insured persons, even on a dual list, was 3,000. To reduce the number on a list would be to penalize a doctor on account of his popularity. It was also stated that up to the present the Committee had not received a single complaint of inattention in respect of any doctor. The CHAIRMAN remarked that through the exercise of the principle of free choice the matter would tend in time to adjust itself; persons who thought they were not receiving proper attention would change their doctor. The CLERK mentioned that he had compiled a statement as to the attitude on this question of several insurance committees of a similar size. Of these, forty-three had fixed no limit to doctors' lists, one was considering the matter, one had fixed the limit at 2,500, and another at 2,200. One of the committees had been informed by the Insurance Commissioners that they could not approve of any arrangement which imposed an absolute limit to the numbers on any panel list.

The resolution was lost by a large majority.

INSURANCE NOTES.

ARRANGEMENTS WITH UNQUALIFIED PRACTITIONERS.

THE following resolution has been adopted by the Court of Assistants of the Society of Apothecaries:

> That this Court regrets that in paragraph 44 (2) of the Regulations dated January 10th, 1914, made by the National Health Insurance Joint Committee, acting jointly with the Insurance Commissioners, and the memorandum issued in connexion therewith, provision is made whereby insured persons making their own arrangements for medical treatment under Section 15 (3) of the National Insurance Act, are allowed to obtain treatment from unqualified persons. Further, that this Court strongly objects to public money being paid for the encouragement of unqualified medical practice, and begs to draw the attention of the General Medical Council to the matter.

ELECTION OF PHARMACEUTICAL COMMITTEES.

The Insurance Commission for England has issued a draft model scheme for the constitution of Pharmaceutical Committees, setting out the mode of election of such committees to hold office after July 15th, 1914. In a covering letter it is stated that the scheme follows in its general lines the method adopted in the regulations for the conduct of the first elections, but adds that the Commissioners will be prepared to receive proposals for modifications before June 8th. Copies of the scheme, it is stated, will shortly be placed on sale.

IRELAND.

MEDICAL CERTIFICATION UNDER THE INSURANCE ACT.

For some time past the Irish Medical Committee, a body elected by delegates from all insurance areas in Ireland, has been trying to induce the Chancellor of the Exchequer to receive a deputation from the profession in Ireland on the subject of medical certification under the National Insurance Act in that country. This is a matter in which many interests, political and otherwise, are involved, and correspondence proved unavailing; but finally the Irish Committee succeeded, through the Medical Secretary of the British Medical Association, in enlisting the assistance of Dr. Addison, M.P. He has

taken a great deal of trouble in attempting to bring the parties concerned together. For the present it would seem that his efforts have failed, but, as will be noticed from the following letter, the Irish Medical Committee, fully realizing the great difficulties of the situation, has put on record its appreciation of Dr. Addison's services.

Irish Medical Committee,
35, Upper Fitzwilliam Street, Dublin,
23rd May, 1914.

Dr. C. Addison, M.P.,
House of Commons, London.

Dear Sir,—It was with regret that the Committee learned at their meeting yesterday that so far your efforts to bring about an amicable settlement of the certification question have been unsuccessful. The meeting was very largely attended, and I was unanimously requested specially to convey to you the thanks and appreciation of the Committee for all the valuable time which you spent, and the work that you have done, in the interests of the Irish medical profession.—I am, yours faithfully,

(Signed) M. R. J. HAYES,
Medical Secretary.

INSURANCE ACT IN PARLIAMENT.

INSURANCE LEGISLATION.

MR. DUNCAN MILLAR asked the Chancellor of the Exchequer whether he would issue at an early date a White Paper embodying the proposals, foreshadowed in his Budget speech, dealing with the case of deposit contributors, the appointment of medical referees, and the provision of health lectures under the National Health Insurance Act.—Mr. Lloyd George said that so far as legislation might be necessary to give effect to the proposals referred to, he must ask Mr. Millar to await the terms of the bill, but that so far as legislation might not be necessary, he would consider the suggestion.

GRANTS TO IRELAND.

Mr. Cassel asked the Chancellor of the Exchequer what proportion of the grants of £1,250,000 for the year 1914–15, and of £2,000,000 for the year 1915–16, for national health insurance, tuberculosis, nursing, and pathological laboratories, it was estimated will be attributable to Ireland.—Mr. Lloyd George: The figures may be stated provisionally as follows:

	1914–15.	1915–16.
	£	£
National Insurance	52,000	65,000
Tuberculosis, nursing, and pathological laboratories	22,500	67,500
	74,500	132,500

DOMICILIARY TREATMENT.

Mr. Worthington Evans asked the Chancellor of the Exchequer (1) whether he was aware that the Great Yarmouth Insurance Committee was refusing to recommend domiciliary treatment for an insured person requiring it unless the insured person agreed to give up the doctor who had attended her or her family for some twenty-five years and selected in his place a panel doctor; and whether he would take steps to prevent this refusal in the future; and (2) whether he was aware that the Middlesex Insurance Committee was refusing to continue the giving of extras in lieu of sanatorium benefit to an insured person who had been under treatment by the tuberculosis officer in conjunction with a non-panel doctor unless the insured person changed his doctor and selected a panel doctor; and whether he would take action to prevent such refusal in the future.—Mr. Wedgwood Benn replied that extras were provided, not, as suggested, in lieu of sanatorium benefit, but as part of the domiciliary form of sanatorium benefit. Under Section 16 (1) (*b*) domiciliary treatment could be provided, with such extras as were suitable to the particular case, whether the insured person was attended by a doctor on the panel or had been allowed by the Insurance Committee to make his own arrangements.

NURSES.

Mr. F. Hall (Dulwich) asked whether it was proposed to establish any complete and uniform nursing scheme in connexion with the provision of medical and sanatorium benefits under the Insurance Act, or whether it was left to each Insurance Committee to frame its own scheme; and how many nurses were at present employed for the purposes of the Act.—Mr. W. Benn referred Mr. Hall to Mr. Lloyd George's reply to Mr. Bathurst (SUPPLEMENT, May 23rd, p. 384). As regards the last part of the question, he was afraid that he could not give the information without calling for a special return from all approved societies and insurance committees.

Association Notices.

ANNUAL REPRESENTATIVE MEETING, 1914.

DATE OF MEETING.

THE Annual Representative Meeting of the Association, 1914, will be held at Aberdeen on Friday, July 24th, 1914, and following days as may be required.

AMENDMENTS BY DIVISIONS AND BRANCHES FOR AGENDA.

ANY further notices of amendment by Divisions or Branches to paragraphs of the Annual Report of Council (SUPPLEMENT, May 2nd), or in connexion with the Provisional Agenda for the Annual Representative Meeting (SUPPLEMENT, May 9th), will be published in the SUPPLEMENT of June 27th, 1914, if received by me by first post on Monday, June 22nd, at latest.

All such notices published in the SUPPLEMENT of June 27th will be included in the final printed Agenda issued to members of the Annual Representative Meeting. That Agenda will also include, in addition to the Provisional Agenda already published and to items arising out of the Supplementary Report of Council (to be published in SUPPLEMENT of June 27th), all notices of motion or amendment by Divisions or Branches received by me up to and including the first delivery on Monday, July 13th, 1914, and found by the Chairman of Representative Meetings to be in order.

By Order,
ALFRED COX,
Medical Secretary.

May 13th, 1914.

THE LIBRARY OF THE BRITISH MEDICAL ASSOCIATION.

A LIST of periodical publications, official reports, and Blue Books in the Library of the British Medical Association available for issue to members on loan has been printed, and copies can be obtained free on application to the Librarian, at the house of the Association, 429, Strand, W.C. The regulations governing the loan of these publications are stated in the introduction to the list. The Library is open for consultation from 10 a.m. till 5 p.m. (on Saturdays till 2 p.m.).

BRANCH AND DIVISION MEETINGS TO BE HELD.

BIRMINGHAM BRANCH.—Mr. Seymour Barling, Honorary Secretary (52, Newhall Street, Birmingham), gives notice that the annual meeting of the Branch will be held at the Medical Institute, Edmund Street, Birmingham, at 3.30 p.m. on Thursday, June 18th.

BIRMINGHAM BRANCH: CENTRAL DIVISION.—Dr. Ernest C. Hadley, Honorary Secretary (Burbury Street, Lozells, Birmingham), gives notice that members of the Central Division, Birmingham Branch, are requested to nominate officers for the posts of Chairman, Vice-Chairman, and two Honorary Secretaries for this Division to one of the honorary secretaries, Dr. Ernest C. Hadley, Burbury Street, Lozells, Birmingham, or Mr. Bernard J. Ward, 141A, Great Charles Street, Birmingham, in writing as early as possible. The annual meeting will be called at a late date in June, of which every member will have due notice.

BIRMINGHAM BRANCH: COVENTRY DIVISION.—Dr. Duncan Davidson, Honorary Secretary (15, Priory Row, Coventry), gives notice that the annual meeting of the Coventry Division will be held at the Coventry Hospital on Thursday, June 11th, at 8.15 p.m. (1) To receive the recommendations of the Executive Committee. (2) To receive the annual report. (3) To elect officers for the ensuing year. (4) To receive correspondence. (5) To hear a special speaker on the subject of a medical trade union.

KENT BRANCH.—Dr. E. A. Starling, Honorary Secretary (Chillingworth House, Tunbridge Wells), gives notice that the first annual meeting of the Branch will be held on Friday, June 12th, at 2.30 p.m., at the Town Hall, Maidstone (by kind permission of His Worship the Mayor). The council will meet before lunch, and due notice, together with the agenda, will be sent to members of the council. Dr. William Douglas, President, kindly invites members to lunch at the Star Hotel, at 1.30 p.m. Agenda: In addition to the business of an ordinary meeting: (1) To receive the report of the election of officers for 1914–15, who shall thereupon take office. (2) To receive the annual report and financial statement. (3) To appoint two auditors. (4) Any other business decided on by the council, or any other competent business. The following excursions have been arranged, starting at 3.30 p.m.: (*a*) To visit Allington Castle, where Sir Martin and Lady Conway kindly invite members to tea (number limited to twenty). (*b*) To visit Leeds Castle, by kind permission of Mr. and Mrs. C. P. Wykeham Martin. Tea will be provided at the Park Gate Inn, Leeds. The annual dinner will be held at the Star Hotel, at 6.30 p.m.; charge, 6s. each. Wine will be provided by the local members. Members intending to be present at the lunch or dinner are requested to signify their intention, and also to state which of the excursions they select, not later than Saturday, June 6th, to Mr. Geo. Potts, Maidstone.

LANCASHIRE AND CHESHIRE BRANCH.—Mr. F. Charles Larkin, Honorary Secretary, gives notice that the provisional arrangements for the annual meeting at Knutsford on Wednesday, June 17th, are as follows: 12 to 1, Lunch given by the Altrincham Division. 1 to 3, Business meeting, President's address, scientific papers. 3 to 6, Excursions. 7.30, Dinner at the Queen's Hotel, Manchester. Members desiring to make scientific, clinical, or other communications are requested to notify the Branch Secretary on or before June 1st.

LANCASHIRE AND CHESHIRE BRANCH: LIVERPOOL DIVISION.—Dr. Francis W. Bailey, Honorary Secretary (51A, Rodney Street, Liverpool), gives notice that a meeting of the Division will be held at the Medical Institution, Mount Pleasant, Liverpool, on Friday, June 12th, at 4 p.m. Business: Report of Council and agenda of Annual Representative Meeting.

METROPOLITAN COUNTIES BRANCH.—Dr. R. E. Crosse and Mr. N. Bishop Harman, Honorary Secretaries, give notice that the annual general meeting of the Branch will be held at 429, Strand, W.C., on Friday, June 26th, at 4 p.m. The business will be: Report of Scrutineers as to the election of new officers; Annual Reports of Council and of Representatives of the Branch on the Central Council, and the President's Address, "Some Observations on Modern Vascular Problems."

METROPOLITAN COUNTIES BRANCH: EAST HERTFORDSHIRE DIVISION.—Dr. H. D. Ledward, Honorary Secretary (123, Norton Way, Letchworth), gives notice that the second annual meeting of the Division will be held at 3 p.m., on Thursday, June 18th, at the North Hertfordshire and South Bedfordshire Hospital, Hitchin. Agenda: To receive correspondence; to receive the Honorary Secretary's annual report; to elect officers, the Representative of the Division on the Branch Council, and the ordinary members of the Executive Committee; to elect the Representative and Deputy Representative of the Division in Representative Meetings; to consider the business of the Annual Representative Meeting.

NORTHERN COUNTIES OF SCOTLAND BRANCH.—Dr. J. Munro Moir, Honorary Secretary (Inverness), gives notice that the annual meeting of the Branch will be held at the Commercial Hotel, Invergordon, on Wednesday, June 3rd, at 11.30 a.m. Business: Election of office-bearers. Annual report. Instruction to Representative in Representative Meeting. Arrangements will be made to visit one of the battleships. In order to facilitate arrangements as to luncheon, etc., members proposing to be present are requested to notify the Honorary Secretary.

NORTHERN COUNTIES OF SCOTLAND BRANCH: INVERNESSSHIRE DIVISION.—Dr. J. W. Mackenzie, Honorary Secretary, gives notice that the annual meeting of the Division will be held at the Northern Infirmary, Inverness, on Saturday, June 6th, at 3.30 p.m. Business: Correspondence. Annual report. Election of office-bearers. Instruction to Representative in Representative Meeting.

SOUTH WALES AND MONMOUTHSHIRE BRANCH.—Mr. W. J. Greer (19, Gold Tops, Newport) and Dr. J. E. P. Davies (Fairfield, Llanelly), Honorary Secretaries, give notice that the annual meeting of the South Wales and Monmouthshire Branch will be held in Llanelly, on Thursday, June 11th. Accounts, election of officers, etc.

YORKSHIRE BRANCH.—Dr. Adolph Bronner, Honorary Secretary (33, Manor Row, Bradford), gives notice that the annual meeting of the Branch will be held at the Royal Eye and Ear Hospital, Bradford, on Wednesday, June 17th, at 4.15 p.m., for the election of Vice-President, Secretary and Treasurer, etc. Members intending to read papers, make any communications, propose new members, or show cases or specimens, are requested to notify him at once. The annual dinner will take place at the Midland Hotel at 6.30 p.m.

Meetings of Branches and Divisions.

[*The proceedings of the Divisions and Branches of the Association relating to Scientific and Clinical Medicine, when reported by the Honorary Secretaries, are published in the body of the* JOURNAL.]

BORDER COUNTIES BRANCH:

DUMFRIESSHIRE AND GALLOWAY DIVISION.

THE annual general meeting of the Division took place in Dumfries Infirmary on May 15th at 3 p.m., when twenty-four members were present. Dr. EASTERBROOK was elected chairman *pro tem.* in the absence of Dr. Shaw, who wrote regretting his inability to be present and expressing his valedictory thanks for the honour of the past year.

The late Dr. Gill.—Before commencing the business proper Dr. Ross referred to the loss the profession had sustained through the death of Dr. Gill of Langholm. An expression of regret was incorporated in the minutes, and the Secretary was requested to transmit to Mr. Hastie, his nephew, the sympathy of the meeting.

Vote of Thanks.—On the motion of Dr. EASTERBROOK, a vote of thanks was heartily accorded to Dr. E. Shaw for his services during the past year.

Election of Officers.—The following officers were elected:

Chairman: Dr. Livingstone.
Vice-Chairman: Dr. Chalmers (Crocketford).
Secretary: Dr. J. D. Robson.
Representative: Dr. J. D. Robson.
Representative in Council: Dr. Livingston Loudon.
Representatives in Branch Council: Drs. Ross, Martin, and Scott.
Executive Committee: Drs. Easterbrook, Sanders, Sir George Watt, and Dr. Reid.

Model Scheme for the Treatment of Tuberculosis.—The model scheme for the treatment of tuberculosis (SUPPLEMENT, April 4th) was considered, and, on the motion of Dr. EASTERBROOK, seconded by Dr. BELL, it was resolved:

> That the Division approve generally of the scheme, reserving the power to amend if occasion arise.

Financial Statement.—The financial statement for the year was read and approved.

Panel Committee and Juvenile Societies.—A letter regarding the attitude of the Panel Committee to juvenile societies was read, and, on the motion of Dr. Ross, seconded by Dr. REID, the following resolution was adopted, and the Secretary was instructed to circularize all practitioners in the area:

> That all members of the Dumfriesshire National Insurance Panel be called upon to resign at the earliest opportunity their contracts with juvenile societies in conformity with the agreements signed on the pink form, and hold to the cardinal points therein stated—namely, free choice of doctor and payment of 8s. 6d. per head per annum for medical attendance and medicine.

Name of Division.—It was agreed that the name of the Division should be the Dumfriesshire and Galloway Division (including Dumfriesshire, Kirkcudbright, and Wigtownshire).

DORSET AND WEST HANTS BRANCH:

BOURNEMOUTH DIVISION.

THE annual meeting of the Bournemouth Division was held on May 8th, at the Medical Library, Municipal College, Bournemouth. Dr. MARRINER, Chairman of the Division, presided, and nineteen members were present.

Annual Report of Division.—The report and financial statement for 1913 were read and approved.

Election of Officers. — The following officers were elected:

Chairman: Harold Simmons, M.B.
Vice-Chairman: W. Alexander, M.D.
Past Chairman: W. H. L. Marriner, M.B.
Representative: W. Johnson Smyth, M.D.
Honorary Secretary and Treasurer: Eleanor C. Bond, M.D.
Representatives on the Branch Council: Drs. Alexander, Forster, Le Fleming, Marriner, Milner, Montgomery, Simmons, Spinks, Willans, Johnson Smyth, and Bond.
Executive Committee: The officers of the Division, the Representatives on the Branch Council, and Drs. Bottomley, Haylock, and Richardson.
Ethical Committee: Drs. Batterbury, Davidson, Greves, Milner, Muspratt, Ramsay, Vernon, with the Chairman and Honorary Secretary *ex officio*.

Election of Council.—The Division nominated Dr. W. Johnson Smyth for election to the Council.

Organization Rules.—The Division agreed to adopt the model organization rules, with the modifications suggested by the Subcommittee appointed to revise them, as the ordinary rules of the Division.

Model Tuberculosis Scheme.—This scheme (SUPPLEMENT, April 4th) was brought forward and considered. A letter was read from the medical officer of health on behalf of the local Tuberculosis Committee of the Council, and it was agreed that a subcommittee be appointed to meet the medical officer of health as requested to discuss the details of a local tuberculosis scheme which the Town Council has under consideration.

Medical Aid Institutes.—This memorandum (SUPPLEMENT, April 4th) was considered. The Division decided that further information was required from the staffs of the hospitals in the area, and the Secretary was instructed to take the necessary steps to obtain this.

Medical Referees.—The letter from the Medical Secretary on this subject was read, and considerable discussion ensued. On the motion of Dr. MAHOMED, seconded by Dr. MARTLAND, the following resolution was passed:

> That medical referees under the National Insurance Act should be appointed by the Commissioners and only removable by them; that they should be whole-time officers and practitioners of not less than ten years' standing, and that the appointments should be pensionable.

It was resolved, on the motion of Dr. W. H. L. MARRINER, seconded by Dr. W. DAVIDSON:

> That the commencing salary be not less than £750 per annum.

The following motion by Dr. HUNTER WOODS, seconded by Dr. JOHNSON SMYTH, was carried unanimously:

> That where a medical practitioner, not devoting his whole time to his work, is called upon by a lay body to express an opinion as to the capacity or incapacity of an insured person, the minimum fee that he should accept should be 10s. 6d.

The Division approved the suggestion that steps be taken to use the disciplinary machinery of the Association in regard to any practitioner who accepts less than the rate fixed, and the Secretary was instructed to bring the resolution before all practitioners in the area.

GLASGOW AND WEST OF SCOTLAND BRANCH.

THE annual general meeting of this Branch was held in the Western Infirmary on May 12th. Dr. A. T. CAMPBELL, the retiring President, was in the chair, and there was a large attendance.

Annual Report.

The reports of the Honorary Secretary and Honorary Treasurer were adopted, on the motion of Dr. JAMES CRAIG (Dennistoun). The HONORARY SECRETARY reported that on December 31st, 1913, the membership of the Branch was 854, as compared with 864 on December 31st, 1912, showing a loss during the year of 10 members. During the previous year, when the profession was confronted with the likelihood of the National Health Insurance Act finding its place on the Statute Book, there was a large accession to the membership. Naturally, differences of opinion arose, and the members of the Branch Council congratulated themselves that the withdrawals had not been more numerous. It was, however, unfortunate that there should have been any resignations. Next year the Act would come up for review and amendment. This would most probably entail a bigger fight than the profession had had in the past, so that the need for standing shoulder to shoulder was quite as imperative as ever it had been. That the Act had been made workable was in no small measure due to the concessions obtained by the energetic action of the Association, and if the interests of the profession were still to be conserved it could only be done by the British Medical Association, which represented the larger proportion of medical men in the United Kingdom, and was the most democratic of institutions.

During the year one meeting of the Branch and six of the Branch Council were held. The meeting of the Branch was held on November 11th, 1913, in the Hall of the Royal Philosophical Society, and was well attended. It was addressed by Dr. Alfred Cox, the Medical Secretary of the Association, who spoke on the present position of the medical profession, and its dangers in the immediate future, very strongly urging the consolidation of the profession as the only effective means of meeting and defeating all assaults from without. The reorganization of the Divisions of the Branch so as to make their areas coterminous with those of the Insurance Committees was now an accomplished fact, with the result that the Branch at present consisted of nine Divisions in place of eight as formerly.

The financial report submitted by the HONORARY TREASURER showed that, beginning the year with a balance of £74 17s. 6d., grants from head quarters had been received amounting to £42 10s., while the expenditure totalled £89 6s. 7d., leaving in hand the sum of £28 3s. 1d.

The Insurance Act.—Dr. JOHN ADAMS, the representative on the Central Council of the Association, said that the question which was troubling them at the present moment was the Insurance Act, but all sections of the profession were well represented in the Council. The Act had come to stay, and he was glad to say that the relations existing between the Insurance Commissioners and the British Medical Association, which was the mouthpiece of the profession, had now become much more friendly, and it was pleasing to find that their suggestions were listened to with respect, many being adopted, some slightly modified, and but few rejected.

Election of Officers.—The following office-bearers were elected for the ensuing year:

President: Dr. John Goff, Bothwell.
President-elect: Dr. D. J. Mackintosh, M.V.O., Western Infirmary.
Vice-Presidents: Dr. A. T. Campbell, Glasgow; Dr. Wm. Semple Young, Helensburgh.
Honorary Secretary: Dr. Wm. Bryce, 30, Armadale Street, Dennistoun, Glasgow.
Honorary Treasurer: Dr. Wm. A. Caskie, Jordanhill.

Votes of Thanks.—The retiring PRESIDENT, in vacating the chair, thanked the members of the Branch Council for their help during his term of office, and introduced Dr. John Goff as president. Votes of thanks were afterwards passed to the retiring office-bearers.

Clinical Demonstration.—An account of the clinical demonstration which followed in the dispensary is published in this week's JOURNAL, p. 1184.

Dinner.—In the evening the members of the Branch dined in the Grosvenor Restaurant. Dr. JOHN GOFF presided, and Mr. C. W. Cathcart and Dr. John Stevens (President and Secretary of the Edinburgh Branch), Dr. E. E. Dyer and Dr. J. E. Moorhouse (President and Secretary of the Stirling Branch), and Dr. J. R. Hamilton, Hawick (Chairman of the Scottish Committee) were present as guests.

KENT BRANCH:

BROMLEY DIVISION.

Presentation to Dr. Tennyson Smith.—A meeting of the Bromley Division was held on May 8th, by kind invitation of Dr. YOLLAND, Chairman, at 53, Bromley Common, when Dr. Tennyson Smith was the recipient of a testimonial in recognition of his services as the Representative and Honorary Secretary of the Division during the insurance fight. The testimonial, which took the form of a cheque subscribed by the medical profession in the Division, was presented by Dr. Scott, of Edenbridge, Vice-President of the Kent Branch. The members were very kindly entertained to tea by the Chairman and Mrs. Yolland.

METROPOLITAN COUNTIES BRANCH:

LEWISHAM DIVISION.

THE second annual meeting of the Lewisham Division was held at the Co-operative Buildings, Catford, on May 21st. Dr. THORNTON COMBER presided, and there were sixteen members present.

Annual Report of Division.—The annual report was unanimously adopted. The report stated that during the past year there had been four Divisional meetings, with an average attendance of 24. It contained a table showing that the number of members of the Division was 62; the total number of medical men in the area was 115, but 44 were not in practice. It recorded the fact that 22 resignations had taken place since the Extraordinary Representative Meeting.

The decision of the Association in raising the subscription at the present time accounted for the major portion of these resignations. The Executive Committee had held five meetings. In addition there had been two meetings of a subcommittee consisting of the Chairman, Vice-Chairman, and Honorary Secretary, in particular to investigate and report upon the London County Council dental clinic for children in the Division. Among the matters the Executive had had under discussion and dealt with were:

1. Medical treatment for school children.
2. Departmental Committee Report on Sickness and Benefit Claims.
3. The amalgamation, for representative purposes, with the Woolwich Division.
4. The establishment of medical referees under the Insurance Act.
5. The remuneration of school medical officers.

Dr. Wilson had resigned his position on the Executive Committee and Dr. Townend was appointed in his place. The Committee expressed its appreciation of those members who had cordially supported the Executive, but at the same time expressed regret at the sparse attendance of members at the general meetings. In conclusion, the Committee expressed the hope that members would recognize the necessity of cohesion in the Division in the trying times in store for the profession. The financial statement showed an excess of expenditure over receipts to the amount of £1 17s. 6d.

Annual Report of Council.—The discussion of the report of Council (SUPPLEMENT, May 2nd) was not concluded, and will be resumed at the next meeting.

Dental Clinic.—The HONORARY SECRETARY read correspondence with regard to the establishment of a dental clinic for Lewisham, and explained what had been done by a subcommittee appointed to investigate the matter. On the motion of Dr. BARNETT, seconded by Dr. MUNRO, it was unanimously resolved:

> That this meeting of the Lewisham Division of the British Medical Association approves of the principle of the establishment of a dental clinic under proper professional control, but does not see its way to proceed further in the matter at present.

Medical Referees.—The question of the remuneration of medical referees was discussed, and finally the following motion was adopted:

> That where any medical practitioner not devoting his whole time to the work accepts a request from a lay body to express an opinion as to the capacity or incapacity of an insured person, the least fee he should accept should be 10s. 6d.

Election of Officers.—The following office-bearers were elected for the ensuing year:

Chairman: Dr. Thornton Comber.
Vice-Chairman: Dr. Hemmans.
Honorary Secretary and Treasurer: Dr. Bundey.
Representative to Representative Meeting: Dr. T. Macnamara.
Representative on Branch Council.—Dr. Hudson Evans.
Executive Committee: Drs. Atkinson, Barnett, Blue, Cato, Townend, Wheeler O'Bryen.

Assistant Whole-time Medical Officers.—After discussion the following resolutions were agreed to:

> That assistant whole-time medical officers whose duties include school medical work shall commence at a salary of not less than £350, rising by annual increments of £25 to a maximum of not less than £500.
>
> That whole-time medical officers whose duties include school work be included in the provisions of the bill to receive superannuation and security of tenure.

Vote of Thanks.—The meeting terminated with a vote of thanks to Dr. Thornton Comber for presiding.

MARYLEBONE DIVISION.

THE annual general meeting of the Marylebone Division was held on May 15th.

Election of Officers.—The following elections were declared:

Chairman: Mr. N. Bishop Harman.
Vice-Chairman: Mr. W. McAdam Eccles.
Honorary Treasurer: Dr. Comyns Berkeley.
Honorary Secretary: Dr. Harold Pritchard.
Representatives to the Representative Meeting: Dr. James Galloway, Dr. Francis Goodbody, Mr. N. Bishop Harman, Dr. Gordon Lane, Dr. Harold Pritchard, Dr. Percy Spurgin.
Representatives to the Branch Council: Mr. W. McAdam Eccles, Dr. E. Climson Greenwood, Dr. W. Griffith, Dr. C. O. Hawthorne, Mr. H. Betham Robinson, Dr. Florence Willey.

MIDLAND BRANCH:

CHESTERFIELD DIVISION.

THE annual meeting of the Chesterfield Division was held at Chesterfield Hospital on May 19th, when Dr. J. G. SHEA (the retiring Chairman), Dr. H. B. FLETCHER (the Chairman-elect), and nine other members were present.

Financial Statement.—Dr. CHAWNER presented his report and accounts, which were duly accepted. It was resolved:

> That a summary of the report and accounts be issued to the members of the Division, accompanied by a circular calling attention to the fact that the local working expenses of the Division had been contributed by half only of its members, and asking for payment of the levy of £1, made some months ago, by those who have not paid, and inquiring if the members were willing to pay an annual levy of 10s. for local working expenses.

Election of Officers.—The following were appointed:

Chairman: Dr. H. B. Fletcher, J.P.
Vice-Chairman: Dr. A. Court.
Honorary Secretary: Dr. A. McL. Pilcher.
Honorary Treasurer: Dr. A. Chawner.
Representative for Representative Meeting: Dr. W. Duncan.
Representatives on Branch Council: Drs. J. G. Shea and A. Green.
Executive Committee: Drs. J. H. Blight, T. Corkery, R. A. M. L. McCrea, J. A. Magee, Mr. G. H. Mead, Dr. R. Godwin Chase, Mr. G. H. West Jones, Mr. W. H. Lee, together with the officers of the Division *ex officio*.

Votes of Thanks.—Votes of thanks were passed to the retiring officers.

Instructions to Representative.—The preliminary agenda for the Representative Meeting was considered, and it was resolved:

> That a free hand be given to the Representative, and that he be urged to use all his force and eloquence to restrain any advances and encroachments attempted to be made by the approved societies, and to oppose any concessions likely to be made to any such bodies.

SOUTH MIDLAND BRANCH:

BUCKINGHAMSHIRE DIVISION.

THE annual meeting of the Buckinghamshire Division was held at the Royal Buckinghamshire Hospital on May 19th. In the absence of the Chairman, Dr. Shaw, through illness, and that of the Vice-Chairman, Dr. Deyns, the chair was taken by Dr. REYNOLDS; twelve other members were present.

Annual Report of Division.—The annual report of the Division was read and adopted. The report stated that the membership of the Division was now 66. Since the last annual meeting it had lost 18 members. Of these 4 were retired men who had resigned, 2 had died (Drs. Durran and Fleck), 3 had removed from the area, and 9 were practitioners who for some reason were dissatisfied, notably those not on the panel. The report, in referring to the last resignations, said it was difficult to understand why these should have resigned unless they thought the Association did not resist the Insurance Act to the utmost, and that they were determined to have nothing to do with it nor with any body that did. The loss was made good by the inclusion of the medical men of Marlow, Slough, and other parts of South Bucks, but there were at least 30 medical men in active practice who were not members. They had been invited to the meetings, but had not attended. It might be regarded as quite certain that it was to the members of the Association alone that the profession must look for help in fighting its battles, the others content to be non-combatants—but looking on and ready to partake in the results of any victory. Meetings were held in November at High Wycombe and Aylesbury, with an attendance of 23 and 20. Another was held in April, with 17 present. Mr. Waugh gave an address on appendicitis, and Mr. Charters Symonds on abdominal tumours, and the Division was deeply grateful to them. There remained about £2 in the entertainment fund, and members were reminded that each was expected to give 2s. 6d. to this every year.

Election of Officers.—The officers for the coming year were elected as follows:

Chairman: Dr. Deyns.
Vice-Chairman: Dr. Dunbar Dickson.
Secretary: Dr. Larking.
Assistant Honorary Secretary: Dr. Henderson.
Representative: Dr. Bradbrook.
Deputy Representative: Dr. Shaw.

Committee: Drs. Fraser, Henderson, Long, Perrin, Reynolds, and Rose.

Branch Council: Drs. Baker, Deyns, and Kennish.

It was resolved that the Deputy Representative should be a member of the Committee.

Sprains.—Mr. WHITELOCKE then read a paper on sprains, and a discussion followed in which Drs. REYNOLDS, LARKING, BAKER, HENDERSON, and ROSE took part. A very hearty vote of thanks was accorded to Mr. Whitelocke for his most interesting and instructive paper.

Annual Report of Council.—The annual report of the Council (SUPPLEMENT, May 2nd) was considered, and after discussion three resolutions were passed to be sent to the Representative Meeting. One had reference to an ethical matter; the second proposed that clinics should be started to treat defective school children in place of sending them to voluntary hospitals; and the third suggested the deletion of Appendix IX referring to the reasons why medical practitioners did not accept service under the Insurance Act.

British Medical Association.

SCHOLARSHIPS AND GRANTS IN AID OF SCIENTIFIC RESEARCH.

SCHOLARSHIPS.

THE Council of the British Medical Association is prepared to receive applications for Research Scholarships, as follows:

1. An ERNEST HART MEMORIAL SCHOLARSHIP, of the value of £200 per annum, for the study of some subject in the department of State Medicine.
2. THREE RESEARCH SCHOLARSHIPS, each of the value of £150 per annum, for research into some subject relating to the causation, prevention, or treatment of disease.

Each Scholarship is tenable for one year, commencing on October 1st, 1914. A Scholar may be reappointed for not more than two additional terms.

The Conditions of the award of Scholarships are stated in the Regulations, a copy of which will be supplied on application to the Medical Secretary of the Association, 429, Stand, London, W.C.

GRANTS.

The Council of the British Medical Association is also prepared to receive applications for Grants for the assistance of Research into the Causation, Treatment, or Prevention of Disease. Preference will be given, other things being equal, to members of the medical profession, and to applicants who propose as subjects of investigation problems directly related to practical medicine.

The Conditions of the award of Grants are stated in the Regulations, a copy of which will be supplied on application to the Medical Secretary of the Association, 429, Strand, London, W.C.

Applications for Scholarships and Grants for the year 1914–15 must be made not later than Saturday, June 20th, 1914, in the prescribed form, a copy of which will be supplied by the Medical Secretary on application.

Each application should be accompanied by testimonials, including a recommendation from the head of the laboratory, if any, in which the applicant proposes to work, setting out the fitness of the candidate to conduct such work, and the probable value of the work to be undertaken. This is not intended, however, to prevent applications for Grants in aid of work which need not be performed in a recognized laboratory.

ALFRED COX, *Medical Secretary.*

429, Strand, London, W.C.

Vital Statistics.

THE REGISTRAR-GENERAL'S QUARTERLY RETURN.

[SPECIALLY REPORTED FOR THE "BRITISH MEDICAL JOURNAL."]

THE Registrar-General has just issued his return relating to the births and deaths in the first quarter of the year and to the marriages during the three months ending December last. The marriage-rate during that period was equal to 16.3 per 1,000, or 0.3 per 1,000 less than the average rate in the corresponding quarters of the ten preceding years.

The 217,187 births registered in England and Wales during the first quarter of the year were equal to an annual rate of 23.6 per 1,000 of the population, estimated at 37,302,983 persons in the middle of the year. The birth-rates in the several counties ranged from 15.0 in Cardiganshire, 16.6 in Sussex, 16.8 in Westmorland, and 16.9 in Rutlandshire to 27.3 in Northumberland, 27.9 in Staffordshire, 29.5 in Monmouthshire, 29.7 in Glamorganshire, and 31.5 in Durham. In ninety-seven of the largest towns the birth-rate averaged 25.1 per 1,000; in London the rate was 25.1 per 1,000, while among the other towns it ranged from 12.4 in Bournemouth, 13.1 in Southport, 14.1 in Blackpool, 14.2 in Eastbourne, and 14.5 in Hastings to 32.4 in Barnsley and in Stockton-on-Tees, 33.0 in Sunderland, 33.1 in West Bromwich, 33.6 in Middlesbrough, 34.2 in St. Helens, and 35.4 in Rhondda.

The excess of births over deaths during the quarter was 71,001, against 80,457, 77,947, and 69,934 in the corresponding quarter of the three preceding years. From a return issued by the Board of Trade, it appears that the passenger movement between the United Kingdom and places outside Europe resulted in a net balance outward of 27,551 passengers of British nationality and of 1,869 aliens; between the United Kingdom and the Continent of Europe there was an inward balance of 2,491 British passengers and of 8,280 aliens; thus the total passenger movement resulted in a net balance outward of 18,659 persons.

The deaths registered last quarter in England and Wales numbered 146,186, and were equal to an annual rate of 15.9 per 1,000, or 1.2 per 1,000 below the mean rate in the ten preceding first quarters. The lowest county death-rates last quarter were 11.0 in Middlesex, 12.4 in Westmorland, and 12.8 in Buckinghamshire and in Essex; the highest rates were 17.2 in Cornwall, 17.3 in Norfolk and in Staffordshire, 17.4 in Merionethshire, 17.5 in Rutlandshire, in Lancashire, and in Carmarthenshire, 17.9 in Glamorganshire, and 19.0 in Cardiganshire. In ninety-seven of the largest towns the death-rate averaged 16.4 per 1,000; in London the rate was 16.1 per 1,000, while among the other large towns the lowest rates were 8.4 in Ilford and in Eastbourne, 9.9 in Hornsey, 10.3 in Edmonton, 10.8 in Southend-on-Sea, and 10.9 in Walthamstow; the highest rates were 20.8 in Plymouth and in South Shields, 21.1 in Barnsley, 21.7 in Swansea, and 23.3 in Burnley.

The 146,186 deaths from all causes last quarter included 413 from enteric fever, 1 from small-pox, 1,805 from measles, 793 from scarlet fever, 2,318 from whooping-cough, 1,650 from diphtheria, and 1,606 from diarrhoea and enteritis among children under 2 years of age. The mortality from scarlet fever and diphtheria was equal to the average; that from measles was about half the average; and that from enteric fever and whooping-cough about two-thirds of the average.

The rate of infant mortality, measured by the proportion of deaths among children under one year of age to registered births, was equal to 115 per 1,000, or 10 per 1,000 less than the average proportion in the ten preceding first quarters. Among the several counties the rates of infantile mortality last quarter ranged from 73 in Oxfordshire, 76 in Buckinghamshire, 80 in Middlesex, and 82 in Surrey and in Dorsetshire to 141 in Nottinghamshire, 143 in Glamorganshire, 153 in Anglesey, 175 in Carmarthenshire, and 191 in Rutlandshire. In ninety-seven of the largest towns the rate averaged 116 per 1,000; in London it was 96 per 1,000, while among the other towns it ranged from 38 in Wimbledon, 51 in Eastbourne, 56 in Ilford, and 57 in Edmonton to 167 in South Shields, 168 in Dudley, 175 in Norwich, 203 in Swansea, and 245 in Burnley. The deaths among persons aged 1 to 65 years were equal to an annual rate of 8.5 per 1,000, and those among persons aged 65 and upwards to a rate of 101.6 per 1,000 of the population estimated to be living at those ages.

The mean temperature of the air last quarter was above the average, the excess amounting to more than 2° in nearly all districts; the rainfall exceeded the average in all districts except the north-east; and the duration of bright sunshine was below the average, the deficiency in the east and south-east being only slight.

HEALTH OF ENGLISH TOWNS.

IN ninety-seven of the largest English towns, 8,500 births and 4,834 deaths were registered during the week ended Saturday, May 23rd. The annual rate of mortality in these towns, which had been 14.2, 14.1, and 14.1 per 1,000 in the three preceding weeks, fell to 13.9 per 1,000 in the week under notice. In London the death-rate was equal to 12.7, against 12.9, 13.8, and 13.4 per 1,000 in the three preceding weeks. Among the ninety-six other large towns the death-rate ranged from 5.1 in Ealing, 6.2 in Leyton, 6.4 in Reading, 6.9 in Ilford, 7.5 in Eastbourne, and 7.9 in Swindon to 20.0 in Oldham, 20.2 in Oxford, 20.5 in Sunderland, 21.0 in Middlesbrough, 21.1 in West Hartlepool, and 22.0 in Stockton-on-Tees. Measles caused a death-rate of 2.0 in Sheffield and in Dudley, 2.1 in Warrington, and 2.8 in Rochdale; and whooping-cough of 1.6 in Barrow-in-Furness and in West Hartlepool, and 1.7 in Walsall and in Newport (Mon.). The mortality from the remaining infective diseases showed no marked excess in any of the large towns, and no fatal case of small-pox was registered during the week. The causes of 37, or 0.8 per cent., of the total deaths were not certified either by a registered medical practitioner or by a coroner after inquest; of this number 8 were recorded in Birmingham, 6 in Liverpool, 3 in Portsmouth, 2 in Leicester, and 2 in Nottingham. The number of scarlet fever patients under treatment in the Metropolitan Asylums Hospitals and the London Fever Hospital, which had been 2,876, 2,901, and 2,862 at the end of the three preceding weeks, had risen to 2,909 on Saturday last; 415 new cases were admitted during the week, against 377, 398, and 349 in the three preceding weeks.

HEALTH OF SCOTTISH TOWNS.

IN the sixteen largest Scottish towns, 1,268 births and 709 deaths were registered during the week ended Saturday, May 23rd. The annual rate of mortality in these towns, which had been 15.2, 16.2, and 15.3 per 1,000 in the three preceding weeks, rose to 16.1 in the week under notice, and was 2.2 per 1,000 above the rate in the ninety-seven large English towns. Among the several towns the death-rate ranged from 3.1 in Falkirk, 8.8 in Kilmarnock, and 10.5 in Clydebank to 16.9 in Perth, 17.8 in Glasgow, and 24.3 in Hamilton. The mortality from the principal infective diseases averaged 1.4 per 1,000, and was highest in Coatbridge and Hamilton. The 358 deaths from all causes in Glasgow included 17 from measles, 10 from infantile diarrhoea, 7 from whooping cough, 3 from scarlet fever, 1 from diphtheria, 1 from enteric fever, and 1 from typhus. Four deaths from measles were recorded in Dundee, 2 in Edinburgh, and 2 in Hamilton; from scarlet fever, 3 deaths in Edinburgh; and from whooping-cough, 2 deaths in Coatbridge.

HEALTH OF IRISH TOWNS.

DURING the week ending Saturday, May 16th, 677 births and 4 1 deaths were registered in the twenty-seven principal urban districts of Ireland, as against 651 births and 431 deaths in the preceding period. These deaths represent a mortality of 18.2 per 1,000 of the

aggregate population in the districts in question, as against 18.6 per 1,000 in the previous period. The mortality in these Irish areas was therefore 4.1 per 1,000 higher than the corresponding rate in the ninety-seven English towns during the week ending on the same date. The birth-rate, on the other hand, was equal to 29.3 per 1,000 of population. As for mortality of individual localities, that in the Dublin registration area was 19.5 (as against an average of 23.4 for the previous four weeks), in Dublin city 21.8 (as against 25.3), in Belfast 17.6 (as against 18.6), in Cork 21.1 (as against 24.3), in Londonderry 12.7 (as against 15.2), in Limerick 10.8 (as against 20.3), and in Waterford 19.0 (as against 22.8). The zymotic death-rate was 1.9, as against 2.1 in the previous week.

During the week ending Saturday, May 23rd, 630 births and 438 deaths were registered in the twenty-seven principal urban districts of Ireland, as against 677 births and 421 deaths in the preceding period. These deaths represent a mortality of 18.9 per 1,000 of the aggregate population in the districts in question, as against 18.2 per 1,000 in the previous period. The mortality in these Irish areas was therefore 5.0 per 1,000 higher than the corresponding rate in the ninety-seven English towns during the week ending on the same date. The birth-rate, on the other hand, was equal to 27.3 per 1,000 of population. As for mortality of individual localities, that in the Dublin registration area was 19.3 (as against an average of 21.3 for the previous four weeks), in Dublin city 21.3 (as against 22.9), in Belfast 17.9 (as against 17.2), in Cork 19.7 (as against 20.9), in Londonderry 16.5 (as against 15.2), in Limerick 24.4 (as against 19.3), and in Waterford 19.0 (as against 21.4). The zymotic death-rate was 2.2 as against 1.9 in the previous week.

Naval and Military Appointments.

ROYAL NAVAL MEDICAL SERVICE.

THE following notifications are announced by the Admiralty: Fleet Surgeon ELYSTAN G. E. O'LEARY, F.R.C.S.E., to the *Queen* on recommissioning, undated. The following Staff Surgeons have been promoted to the rank of Fleet Surgeons with seniority of May 23rd: HENRY C. WHITESIDE, ROBERT L. DICKINSON, HERBERT W. B. SHERWELL, M.B., JOHN MARTIN, CHRISTIAN B. FAIRBANK, FRANCIS F. LOBB, HAROLD J. CHATER, REGINALD STG. S. BOND, M.B., F.R.C.S.E., CHARLES C. MACMILLAN. D.S.O., M.D., FRED C. B. GITTINGS, M.D., RAMSAY M. RICHARDS, ALAN G. EASTMENT, GEORGE E. DUNCAN. Staff Surgeon LESLIE M. MORRIS to the *Bristol*, on relief of the *Hermione*, undated; Staff Surgeon JOHN STODDART, M.B., to the *Hermione*, on relief by the *Bristol*, undated; Staff Surgeon CHARLES J. O'CONNELL to the *Pembroke*, additional for Calshot Naval Air Station, vice Eastment, May 27th; Staff Surgeon THOMAS W. JEFFERY, to the *Vulcan*, vice Baxter, May 25th; Staff Surgeon NELSON J. ROCHE to the *Sutlej*, for voyage out and home, June 10th; Surgeon FRANCIS J. D. TWIGG to the *Queen* on recommissioning, undated; Surgeon JAMES L. BARFORD, promoted to Staff Surgeon, May 19th; Surgeon ALBERT J. TONKINSON to the *Excellent*, temporary, vice White, May 25th.

ROYAL NAVAL VOLUNTEER RESERVE.

STANLEY H. SCOTT appointed Surgeon, unattached, May 15th.

ARMY MEDICAL SERVICE.

ROYAL ARMY MEDICAL CORPS.

LIEUTENANT-COLONEL C. H. HALE, D.S.O., has been selected for the command of the Station Hospital, Sialkot.

Lieutenant-Colonel W. E. HARDY has been selected for the command of the Station Hospital, Calcutta.

Lieutenant-Colonel F. S. LE QUESNE, V.C., has been noted for a tour of service in India, Southern Army.

SPECIAL RESERVE OF OFFICERS.

ROYAL ARMY MEDICAL CORPS.

THE following Captains, Army Medical Reserve, to be Captains, retaining their rank and seniority, May 1st: JAMES FINDON MURPHY, MURRAY R. TAYLOR, M.B. Lieutenant VIVIAN R. SMITH, M.B., resigns his commission, May 6th.

The undermentioned officers resign their commissions, April 3rd: Captain CLARENCE E. GREESON, M.B., Lieutenants GERALD M. GRAHAM, M.B., HENRY B. PARKER.

Lieutenant HENRY R. BORCHERDS, M.B., resigns his commission, May 13th.

Lieutenant GEORGE E. PEPPER is confirmed in his rank.

Lieutenant WILLIAM R. GARDNER, M.B., to be Captain, May 18th.

Cadet Sergeant JAMES C. BRASH, M.B., from the Leeds University Contingent, Officers' Training Corps, to be Lieutenant on probation, April 17th.

Cadet JAMES O'BRIEN, from the Royal College of Surgeons in Ireland Contingent, Officers' Training Corps, to be Lieutenant on probation, March 26th.

Cadet-Sergeant ALEXANDER C. JEBB, from the Glasgow University Contingent, Officers' Training Corps, to be Lieutenant on probation, April 24th.

Cadet (late Cadet Colour-Sergeant) FRANCIS G. MACNAUGHTON, from the Edinburgh University Contingent, Officers' Training Corps, to be Lieutenant on probation, April 29th.

ARMY MEDICAL RESERVE.

Captain SAMUEL K. ADAMS, M.B., and Lieutenant ALFRED S. MILLARD, M.B., are removed on completion of periods of service prescribed by Article 641 of the Royal Warrant for Pay and Promotion, 907, dated April 30th and January 31st respectively.

INDIAN MEDICAL SERVICE.

THE services of Captain C. E. PALMER are placed permanently at the disposal of the Government of the United Provinces for employment in the Gaol Department, with effect from January 22nd, 1914.

The services of Major A. W. GREIG are placed permanently at the disposal of the Government of the Punjab, with effect from October 24th, 1913, for employment in the Gaol Department.

Colonel R. N. CAMPBELL, C.B., C.I.E., M.B., is permitted to retire from the service, with effect from April 2nd, 1914.

TERRITORIAL FORCE.

ROYAL ARMY MEDICAL CORPS.

Second East Anglian Field Ambulance.—Lieutenant BENJAMIN B. MORGAN, M.D., from the Third West Riding Field Ambulance, to be Lieutenant, April 18th.

First Home Counties Field Ambulance.—Lieutenant ARTHUR P. DRAPER, M.B., resigns his commission, May 23rd.

Third Home Counties Field Ambulance.—Lieutenant EDWIN A. HOUCHIN to be Captain, April 12th.

Sanitary Service.—Captain GEORGE A. BROWN, M.B., resigns his commission, May 23rd.

For Attachment to Units other than Medical Units.—JOHN C. MCKENZIE, M.B., to be Lieutenant, April 20th; JOHN D. STALEY to be Lieutenant, January 22nd.

Attached to Units other than Medical Units.—Captain HENRY A. C. HARRIS, Lieutenant JOHN A. WEST, OWEN J. PARRY EDWARDS M.B., resign their commissions.

Second London Sanitary Company.—Lieutenant WILLIAM A. BERRY M.B., resigns his commission, May 20th.

CHANGES OF STATION.

THE following changes of station among the officers of the Army Medical Service have been officially reported to have taken place during April:

	FROM	TO
Colonel C. C. Reilly	Calcutta	Chatham.
Lieut.-Colonel R. H. Hall, M.D.	—	Aldershot.
,, J. J. Gerrard, M.B.	—	W. Africa.
,, R. Holyoake	Sheerness	Kamptee.
,, F. Smith, D.S.O.	Calcutta	Dublin.
Major L. P. More, M.B.	Secunderabad	Wellington, Madras.
,, St. J. B. Killery	Bangalore	Lucknow.
,, G. T. K. Maurice	Worcester	Tidworth.
,, F. E. Gunter, M.B.	Tidworth	R.M. College.
,, E. W. Bliss	Chatham	Tidworth.
,, A. W. N. Bowen	Belfast	Curragh.
,, H. B. G. Walton	Bareilly	Ranikhet.
,, G. M. Goldsmith, M.B.	Lebong	Irish Command.
,, G. J. A. Ormsby, M.D.	Meerut	Dublin.
,, J. Matthews	Secunderabad	York.
,, J. F. Martin, M.B.	R.M. College	Aldershot.
,, A. H. Safford	Lucknow	Warley.
,, A. E. Hamerton, D.S.O.	Nyasaland	Colchester.
,, J. T. Johnson, M.D.	Lucknow	Naini Tal.
,, J. C. Kennedy, M.D.	,,	Lebong.
,, H. G. Pinches	Chatham	Sheerness.
,, W. Davis	Meerut	Naini Tal.
,, D. L. Harding, F.R.C.S.I.	Londonderry	Mullingar.
,, H. W. Long, M.B.	Choulston	Netheravon.
,, R. Rutheford, M.B.	—	Cardiff.
Captain R. Storrs	Dorchester	Portland.
,, B. G. Patch	Bradford	Kirkee.
,, J. T. McEntire, M.B.	—	Cork.
,, J. A. Turnbull	Kamptee	Jubbulpore.
,, H. C. Winckworth	Woolwich	Quetta.
,, K. A. C. Doig	Meerut	Chakrata.
,, C. R. Millar	Ballincollig	Cork.
,, R. J. C. Thompson	—	Chatham.
,, C. W. O'Brien	London	Pirbright.
,, A. C. Amy, M.D.	Bury	Preston.
,, W. Mitchell, M.B.	—	Wrexham.
,, E. B. Lathbury	Cork	Kilworth.
,, C. Scaife, M.D.	Belgaum	N. Command.
,, D. M. Corbett, M.B.	Ambala	W. Command.
,, E. D. Caddell, M.B.	Dublin	E. Command.
,, J. A. Bennett, M.B.	Cork	Youghal.
,, W. F. M. Loughnan	Aden	Hounslow.
,, E. C. Phelan, M.B.	Barrackpore	Irish Command.
,, C. H. Denyer	Agra	S. Command.
,, W. K. Beaman	Malta	York.
,, S. Field	Jamaica	Queenstown Harbour.
,, F. H. M. Chapman	Meerut	Delhi.
,, R. D. O'Connor	Multan	Sheffield.
,, O. R. McEwen	,,	Londonderry.
,, M. O. Wilson, M.B.	Aden	Chatham.
,, A. C. Elliott, M.B.	Landguard Fort	Colchester.
,, F. Casement, M.B.	Lucknow	Edinburgh.
,, W. J. Tobin	Madras	Bangalore.
,, W. E. Marshall, M.B.	Kinsale	Cork.
,, E. W. Vaughan, M.B	Devonport	Okehampton.
,, T. J. Mitchell, M.B.	Lahore	Sabathu.
,, S. S. Dykes, M.B.	Lebong	Dum Dum.
,, H. F. Joynt, M.B.	Cape Town	Wynberg.
,, A. S. Cane	Kirkee	Purandhar.
,, J. M. Weddell	Fyzabad	Delhi.
,, T. H. Dickson, M.B.	Bareilly	Ranikhet.
,, G. O. Chambers	Cairo	Alexandria.
Lieutenant D. Reynolds, M.B.	Attock	Sialkot.
,, W. L. E. Fretz, M.B.	Ambala	Peshawar.
,, R. Davidson, M.B.	Lucknow	Meerut.
,, T. E. Osmond	Ambala	Lucknow.
,, R. T. Vivian	Bangalore	Secunderabad.
,, E. B. Allmett	Purandhar	Poona.
,, E. C. Deane	Bareilly	Meerut.
,, W. McNaughtan, M.B.	Quetta	Karachi.
,, D. T. M. Large, M.B.	—	Mhow.
,, W. W. Pratt, M.B.	London	Poona.
,, E. A. Strachan, M.B.	Bareilly	Ranikhet.
,, J. H. M. Frobisher, M.B.	Lucknow	Barrackpore.
,, D. T. Richardson, M.B.	Poona	Jubbulpore.
,, S. J. Higgins	Lucknow	Sitapur.
,, G. A. Blake, M.B.	,,	Fyzabad.
,, R. W. Vint, M.B.	,,	Agra.
,, J. C. Sproule	Devonport	Taunton.
,, J. E. Hepper	Oxford	Larkhill Camp.
,, A. A. M. Davies	Lucknow	Allahabad.
,, L. Dunbar, M.B.	,,	Calcutta.
,, F. C. Davidson, M.B.	—	Glasgow.
,, W. P. Croker, M.B.	Dublin	Newry.

Vacancies and Appointments.

WARNING NOTICE.—Attention is called to a Notice (see Index to Advertisements—Warning Notice) appearing in our advertisement columns, giving particulars of vacancies as to which inquiries should be made before application.

VACANCIES.

ABERDEENSHIRE: PARISH OF TYRIE.—Medical Officer. Salary, £30 per annum.

ABERDEEN UNIVERSITY.—Lectureship in Public Health. Salary, £400 per annum.

BARROW-IN-FURNESS: NORTH LONSDALE HOSPITAL.—Male House-Surgeon. Salary, £150 per annum.

BEDFORD COUNTY ASYLUM.—Assistant House-Surgeon. Salary, £80 per annum.

BELGRAVE HOSPITAL FOR CHILDREN, Clapham Road, S.W.—House-Surgeon (male). Salary at the rate of £75 per annum.

BIRKENHEAD BOROUGH HOSPITAL.—Senior House-Surgeon (male). Salary, £120 per annum.

BIRMINGHAM AND MIDLAND EYE HOSPITAL.—Locumtenent. Remuneration, £4 4s. weekly.

BIRMINGHAM CITY.—(1) Assistant Medical Officer for the Yardley Road Sanatorium; (2) Non-resident Assistant Medical Officer for Central Tuberculosis Dispensary. Salary, £250 and £350 per annum respectively.

BIRMINGHAM: CITY FEVER HOSPITAL.—Assistant Medical Officer. Salary, £160 per annum.

BIRMINGHAM GENERAL DISPENSARY.—(1) Resident Medical Officer; salary, £220 per annum. (2) Locumtenent; salary, £5 5s. a week.

BIRMINGHAM UNION.—Resident Assistant Medical Officer (male) at the Dudley Road Infirmary. Salary, £150 per annum.

BISHOP AUCKLAND RURAL DISTRICT COUNCIL.—Medical Officer of Health. Salary, £500 per annum.

BOURNEMOUTH EDUCATION COMMITTEE.—Assistant School Medical Officer. Salary, £300 per annum.

BRADFORD CITY HOSPITAL.—Assistant Resident Medical Officer. Salary, £200 per annum.

BRADFORD ROYAL INFIRMARY.—House Surgeon (male). Salary, £100 per annum.

BRISTOL ROYAL INFIRMARY.—Throat, Nose, and Ear House-Surgeon. Salary at the rate of £100 per annum.

BRITISH MEDICAL ASSOCIATION.—Assistant Medical Secretary. Salary, £600 per annum.

BURNLEY: VICTORIA HOSPITAL.—Two House-Surgeons. Salary, £135 per annum.

BURY INFIRMARY.—Junior House-Surgeon. Salary, £100 per annum.

CANADA: QUEEN'S UNIVERSITY MEDICAL FACULTY, KINGSTON.—(1) Assistant Professor in Bacteriology and Hygiene. (2) Assistant Professor in Practical Physiology. Salary, £300 per annum each.

CANTERBURY: KENT AND CANTERBURY HOSPITAL.—(1) House-Surgeon; (2) Junior House-Surgeon. Salary, £100 and £90 per annum respectively.

CARDIFF: KING EDWARD VII HOSPITAL.—(1) House-Surgeon for the Ophthalmic and Ear, Nose, and Throat Departments; (2) Two House-Surgeons. Salary for (1) £100 per annum, and for (2) £60 per annum each.

CENTRAL LONDON OPHTHALMIC HOSPITAL, Judd Street, W.C.—Assistant Surgeon.

CENTRAL LONDON THROAT AND EAR HOSPITAL, Gray's Inn Road, W.—Registrar.

CHESTERFIELD AND NORTH DERBYSHIRE HOSPITAL.—(1) Second Honorary Anaesthetist. (2) House-Physician; salary, £90 per annum.

CHORLEY: RAWCLIFFE HOSPITAL.—House-Surgeon (male). Salary, £100 per annum.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.—Clinical Assistant in the Out-patient Department.

CITY OF LONDON LYING-IN HOSPITAL, City Road, E.C.—Pathologist and Registar.

DEVONPORT: ROYAL ALBERT HOSPITAL.—House-Surgeon. Salary at the rate of £150 per annum.

DURHAM COUNTY HOSPITAL.—House-Surgeon. Salary, £120 per annum.

EAST LONDON HOSPITAL FOR CHILDREN, Shadwell, E.—(1) Medical Officer to Casualty Department; (2) House-Physician (males). Salary at the rate of £100 and £75 per annum respectively.

ECCLES AND PATRICROFT HOSPITAL.—House-Surgeon. Salary, £70 per annum.

EGYPT: PUBLIC HEALTH DEPARTMENT.—Medical Officer as an Inspector for the Ankylostomiasis Campaign. Salary at the rate of £600 per annum.

ESSEX EDUCATION COMMITTEE, Chelmsford.—Medical Inspector of School Children. Salary, £300 per annum, rising to £400.

EVELINA HOSPITAL FOR SICK CHILDREN, Southwark, S.E.—House-Surgeon. Salary at the rate of £75 per annum.

FRENCH HOSPITAL, Shaftesbury Avenue, W.C.—Second Resident Medical Officer. Salary, £60 per annum.

GALWAY: UNIVERSITY COLLEGE.—(1) Assistant in Anatomy; (2) Assistant in Physiology. Salary, £175 per annum each.

HALIFAX: ROYAL HALIFAX INFIRMARY.—Second and Third House Surgeons. Salary, £120 and £100 per annum respectively.

HAMPSHIRE COUNTY COUNCIL.—Assistant County Medical Officer of Health. Salary, £300 per annum, rising to £400.

HEMEL HEMPSTEAD: WEST HERTS HOSPITAL.—Resident Medical Officer. Salary, £120 per annum.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.—House-Surgeon. Salary, £30 for six months and £2 10s. washing allowance.

HOSPITAL FOR WOMEN, Soho Square, W.—Resident Medical Officer. Salary at the rate of £80 per annum.

HUDDERSFIELD ROYAL INFIRMARY.—Junior Assistant House-Surgeon (male). Salary, £80 per annum.

HULL ROYAL INFIRMARY.—Honorary Ophthalmic Surgeon.

HULME DISPENSARY.—House-Surgeon. Salary, £180 per annum, rising to £200.

KENT COUNTY ASYLUM, Maidstone.—Fourth Assistant Medical Officer (male). Salary, £250 per annum.

KIDDERMINSTER INFIRMARY AND CHILDREN'S HOSPITAL.—House-Surgeon. Salary, £100 per annum.

KING'S COLLEGE.—Demonstrator of Physiology. Salary, £120 per annum.

KING'S LYNN: WEST NORFOLK AND KING'S LYNN HOSPITAL.—House-Surgeon. Salary, £150 per annum.

LEEDS PUBLIC DISPENSARY.—Junior Resident Medical Officer. Salary, £130 per annum.

LONDON FEVER HOSPITAL, Liverpool Road, N.—Assistant Resident Medical Officer. Salary, £150 per annum.

LONDON HOMOEOPATHIC HOSPITAL, Great Ormond Street, W.C.—(1) Physician; (2) Physician for Diseases of Children; (3) Assistant Pathologist (part time). Honorarium, £50 per annum for (3).

LONDON LOCK HOSPITAL.—House-Surgeon to the Female Hospital, Harrow Road. Salary, £100 per annum.

MACCLESFIELD GENERAL INFIRMARY.—House-Surgeon. Salary, £125 per annum.

MANCHESTER CORPORATION.—Fourth Medical Assistant at the Monsall Fever Hospital. Salary, £130 per annum.

MANCHESTER EAR HOSPITAL.—Assistant Anaesthetist. Honorarium, £15 15s. a year.

MANCHESTER NORTHERN HOSPITAL FOR WOMEN AND CHILDREN.—House-Surgeon. Salary, £120 per annum.

MANCHESTER ROYAL INFIRMARY.—Medical Officer for Out-patients and Accidents to Central Branch. Salary at the rate of £100 per annum.

MIDDLESBROUGH: NORTH ORMESBY HOSPITAL.—Assistant House-Surgeon. Salary at the rate of £100 per annum for six months, rising to £110.

MIDDLESEX HOSPITAL, W.—Richard Hollis Scholarship in Cancer Research Laboratories. Value, £100 per annum.

NATIONAL HOSPITAL FOR DISEASES OF THE HEART, Westmoreland Street, W.—Resident Medical Officer (male). Salary at the rate of £80 per annum.

NEWARK-UPON-TRENT HOSPITAL.—Resident Medical Officer. Salary, £120 per annum.

NEWCASTLE-UPON-TYNE: UNIVERSITY OF DURHAM COLLEGE OF MEDICINE.—Demonstrator of Anatomy. Salary, £200 per annum.

NEW ZEALAND: UNIVERSITY OF OTAGO.—Professor of Anatomy. Salary, £800 per annum.

NOTTINGHAM GENERAL HOSPITAL.—(1) Assistant House-Physician; salary at the rate of £100 per annum. (2) Locumtenent; salary, £4 4s. per week.

NOTTINGHAM GUARDIANS.—Resident Assistant Medical Officer at the Bagthorpe Institution and Infirmary. Salary at the rate of £165 per annum for six months, increasing to £180.

NOTTS COUNTY COUNCIL.—Assistant Tuberculosis Officer. Salary, £300 per annum.

ORKNEY: PARISH OF SHAPANSEY.—Medical Officer and Public Vaccinator. Salary, £90 per annum.

PADDINGTON GREEN CHILDREN'S HOSPITAL.—House-Surgeon. Salary at the rate of £80 per annum.

PADDINGTON INFIRMARY.—Second Assistant Medical Superintendent of the Infirmary and Medical Officer at Workhouse. Salary, £140 per annum, rising to £150.

PLAISTOW FEVER HOSPITAL, E.—Second Assistant Medical Officer. Salary, £100 per annum.

PORTSMOUTH PARISH.—Second Assistant Resident Medical Officer (male) for the Workhouse Infirmary, Workhouse, and Children's Home. Salary, £140 per annum, rising to £150.

PRESTON: COUNTY ASYLUM, Whittingham.—Junior Assistant Medical Officer. Salary, £250 per annum, rising to £300.

QUEEN'S HOSPITAL FOR CHILDREN, Hackney Road, E.—(1) House-Physician; (2) House-Surgeon. Salary at the rate of £80 per annum each.

ROCHDALE INFIRMARY AND DISPENSARY.—Junior House-Surgeon (male). Salary, £110 per annum.

ROTHERHAM HOSPITAL.—Senior and Junior House-Surgeons. Salary, £150 and £100 per annum respectively.

ROYAL DENTAL HOSPITAL, Leicester Square, W.—Assistant Dental Surgeon.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road, E.C.—(1) Medical Registrar; (2) Additional Medical Officer for X-Ray Department. Salary, 100 guineas and 25 guineas per annum respectively.

SALFORD ROYAL HOSPITAL.—(1) Junior House-Surgeon; (2) Casualty House-Surgeon. Salary at the rate of £80 per annum each.

SALFORD UNION INFIRMARY.—(1) Male Senior Assistant Medical Officer; (2) Male Resident Assistant Medical Officer. Salary, £200 and £150 per annum respectively.

SALOP INFIRMARY.—House-Physician. Salary at the rate of £90 per annum.

SALVATION ARMY: MOTHERS' HOSPITAL, Clapton.—Lady Resident Doctor.

SHEFFIELD: JESSOP HOSPITAL FOR WOMEN.—Honorary General Physician.

SHEFFIELD ROYAL INFIRMARY.—Ophthalmic House-Surgeon. Salary, £80 per annum.

SHEFFIELD UNION HOSPITAL.—Resident Assistant Medical Officer. Salary, £180 per annum.

SHREWSBURY: COUNTY ASYLUM.—Second Assistant Medical Officer (male). Salary, £200 per annum, rising to £250.

SOUTH MANCHESTER GUARDIANS.—Junior Resident Medical Officer at Hospital. Salary, £120 per annum.

SOUTHWARK UNION.—Second and Third Assistant Medical Officer. Salary, £170 and £160 per annum, rising to £180 and £170 respectively.

STAFFORDSHIRE EDUCATION COMMITTEE.—Assistant School Medical Officer. Salary, £300 per annum, rising to £350.

SUNDERLAND: ROYAL INFIRMARY.—Junior House-Surgeon (male). Salary, £100 per annum.

SWANSEA GENERAL AND EYE HOSPITAL.—Two House-Surgeons. Salary, £125 per annum.

WAKEFIELD: CLAYTON HOSPITAL.—House-Surgeon. Salary at the rate of £150 per annum.

WESTERN OPHTHALMIC HOSPITAL, Marylebone Road, N.W.—Honorary Anaesthetist.

WEST HAM AND EASTERN GENERAL HOSPITAL, Stratford.—(1) Junior House-Physician. (2) Junior House-Surgeon. Salary at the rate of £75 per annum.

WEST LONDON HOSPITAL, Hammersmith Road, W.—Two Assistant Anaesthetists.

WESTMINSTER HOSPITAL, S.W.—(1) Assistant House-Physician; (2) Assistant House-Surgeon.

WIGAN: ROYAL ALBERT EDWARD INFIRMARY AND DISPENSARY.—(1) Senior House-Surgeon. (2) Junior House-Surgeon. Salary, £170 and £150 per annum respectively.

WOLVERHAMPTON AND MIDLAND COUNTIES EYE INFIRMARY.—House-Surgeon. Salary, £120 per annum.

WOLVERHAMPTON EDUCATION COMMITTEE.—Assistant School Medical Officer. Salary, £300 per annum.

To ensure notice in this column—which is compiled from our advertisement columns, where full particulars will be found—it is necessary that advertisements should be received not later than the first post on Wednesday morning. Persons interested should refer also to the Index to Advertisements which follows the Table of Contents in the JOURNAL.

APPOINTMENTS.

BAKER, A. de Winter, M.R.C.S.Eng., L.R.C.P.Lond., Honorary Anaesthetist to the Putney Hospital (Chester Bequest).

BAYLIS, Kathleen, M.B., House-Surgeon to the Dewsbury and District Infirmary.

BETHUNE, W., M.B., C.M.Edin., Assistant Medical Officer to the Whitechapel Union Infirmary.

BOXALL, F., L.R.C.P., M.R.C.S., District Medical Officer of the Horsham Union.

BROUGHTON-HEAD, L. C., M.B., Ch.B.Glasg., L.D.S.Eng., Dentist to the Royal Hospital for Sick Children, Glasgow.

DOYLE, J. S., M.B., Certifying Factory Surgeon for the Enniscorthy District of County Wexford.

GALLACHER, Thomas, L.R.C.P. and S.Edin., District Medical Officer of the Tynemouth Union.

GALPIN, Patrick Albert, M.D., B.Hy., D.P.H.Durh., Assistant Medical Officer under the Tuberculosis (Sanatorium Benefit) Scheme of the Bristol Health Committee.

GREEVES, R. Affleck, B.A., M.B., B.S., F.R.C.S., Assistant Ophthalmic Surgeon to the Middlesex Hospital.

HALL, C. H., M.D.Glasg., Certifying Factory Surgeon for the Watford District, co. Hertford.

LILLEY, Charles M., M.B.Syd., Resident Medical Officer, Warwick General Hospital, Queensland.

PARSONS, Ernest, L.D.S., R.C.S.Eng., Consulting Dental Surgeon to the Metropolitan Hospital.

POTTS, W. A., M.A., M.D., approved by the Board of Control for the purpose of signing Certificates of Mental Defect under the Mental Deficiency Act, 1913 (Sections 3 and 5).

RICHMOND, D. Stevenson, M.B., B.S.Glasg., Medical Officer and Public Vaccinator for Cwmamman District of Llandilofawr Union.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is **5s.**, *which sum should be forwarded in Post Office Orders or Stamps with the notice not later than first post Wednesday morning in order to ensure insertion in the current issue.*

DEATHS.

BUSTEED.—On April 27th, at "Tregare," 37, Hawke Road, Upper Norwood, Brigade Surgeon William John Busteed, M.D., late Indian Army, aged 78.

OZANNE.—On May 23rd, at Sheen House, Harrogate (suddenly), Frederic N. Ozanne, M.R.C.S., L.R.C.P. Funeral service, Holy Trinity Church, Guernsey; interred at Foulon Cemetery, Guernsey, on Thursday, May 28th, at 3 p.m.

DIARY FOR THE WEEK.

POST-GRADUATE COURSES AND LECTURES.

Post-Graduate Courses and Lectures are to be given next week at the following schools, colleges and hospitals:

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton, S.W.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.

LONDON HOSPITAL MEDICAL COLLEGE, Turner Street, E.

LONDON SCHOOL OF TROPICAL MEDICINE, Royal Albert Dock.

LONDON SCHOOL OF CLINICAL MEDICINE, Dreadnought Hospital, Greenwich, S.E.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC, Chenies Street, London, W.C.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, London, W.C.

NORTH-EAST LONDON POST-GRADUATE COLLEGE, Prince of Wales's General Hospital, Tottenham, N.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road, E.C.

WEST LONDON POST-GRADUATE COLLEGE, Hammersmith, W.

[*Further particulars can be obtained on application to the Deans of the several institutions, or in some instances from our advertisement columns.*]

DIARY OF THE ASSOCIATION.

Date.		Meetings to be Held.
		JUNE.
2	Tues.	London: Public Health Committee, 3 p.m.
3	Wed.	London: Journal Committee, 2.30 p.m.
		Northern Counties of Scotland Branch, Annual Meeting, Invergordon, 11.30 a.m.
4	Thur.	London: Insurance Act Committee, 11 a.m.
		London: Medico-Political Assistant Medical Officers of Asylums Subcommittee, 5 p.m. (*provisional*).
5	Fri.	London: Medico-Political Committee, 10.30 a.m.
		London: Joint Medico-Political and Hospitals Committee, 3 p.m. (*provisional*).
		London: Central Ethical Committee, 2 p.m.
6	Sat.	Date of issue of Voting Papers for Council Election from Head Office.
		London: Organization of Medical Students Subcommittee, 12.15 p.m.
		Inverness-shire Division, Annual Meeting, Inverness, 3.30 p.m.
9	Tues.	London: Organization Committee, 2 p.m.
		London: Metropolitan Counties Branch Council, 4 p.m.
		London: Regulations and Standing Orders Subcommittee (*provisional*).
11	Thur.	Coventry Division, Annual Meeting, Coventry Hospital, 8.15 p.m.
		South Wales and Monmouthshire Branch, Annual Meeting, Llanelly.
12	Fri.	Liverpool Division, Liverpool, 4 p.m.

Date.		Meetings to be Held.
		JUNE (*continued*).
12	Fri.	Kent Branch, Maidstone, Lunch, 1.30 p.m.; Dinner, 6.30 p.m.
13	Sat.	Last day for receipt of Voting Papers at Head Office *re* Council Election.
17	Wed.	London: Finance Committee, 2.30 p.m.
		Lancashire and Cheshire Branch, Annual Meeting, Knutsford; Lunch, noon to 1 p.m.; Meeting, 1 to 3 p.m.; Excursions, 3 to 6 p.m.; Dinner, 7.30 p.m.
		Yorkshire Branch, Annual Meeting, Bradford, 4.15 p.m.; Annual Dinner, 6.30 p.m.
18	Thur.	East Hertfordshire Division, Annual Meeting, Hitchin, 3 p.m.
		Birmingham Branch, Annual Meeting, Birmingham, 3.30 p.m.
24	Wed.	London: Council Meeting.
26	Fri.	London: Metropolitan Counties Branch, Annual Meeting, 4 p.m.
27	Sat.	Announcement of result of Election of Members to Council.
		JULY.
11	Sat.	London: Science Committee, 10.30 a.m.

ANNUAL MEETING, ABERDEEN, 1914.

Annual Representative Meeting, July 24th, and following days.

Presidential Address, Tuesday, July 28th.

Sections—Wednesday, July 29th; Thursday, July 30th; and Friday, July 31st.

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